

UNIVERSITY OF MASSACHUSETTS BOSTON  
100 Morrissey Blvd  
Boston, MA 02125-3393

# Academic Tutor Application

## Urban Scholars Program

**Telephone: 617.287.5830**

**Fax: 617.287.5818**

**Email: [urbanscholars@umb.edu](mailto:urbanscholars@umb.edu)**

**Website: <http://www.urbanscholars.umb.edu>**

**Office Location: McCormack 3<sup>rd</sup> Floor, Room 008**

Department of Pre-Collegiate Programs  
A Division of Academic Support Services



## PART 1: APPLICANT INFORMATION

Today's Date: \_\_\_\_\_ (mm/dd/yyyy)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

College Attending/Attended: \_\_\_\_\_ GPA: \_\_\_\_\_ Major: \_\_\_\_\_

Expected/Actual Graduation Date: \_\_\_\_\_ (mm/dd/yyyy)

Expected/Attained Degree: \_\_\_\_\_

If you are a UMass Boston student, are you work-study eligible?    Yes    No

Please indicate the time period you are available to work each day:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please respond to the following prompts. If additional space is needed, please attach a separate sheet.**

1. What interests you the most about working at the Urban Scholars Program?



**Please check off any and all subjects you feel comfortable tutoring:**

**English/Writing**

Writing                      Grammar                      Paper/Essay Revision                      Reading Composition

**Math**

Pre-calculus                      Calculus                      Basic Math/Algebra I                      Geometry                      Algebra II

**Science**

Physics                      Earth Science                      Biology                      Chemistry

**Other**

Computer Science                      History/Social Studies                      Spanish                      French

**PART 2: STATEMENT OF CERTIFICATION**

By signing below, I certify that the information contained in this application is true, accurate, and my own.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**To apply, please email the following application materials to:** [urbanscholars@umb.edu](mailto:urbanscholars@umb.edu)

- Application
- Resume
- Contact information for 3 references

**If you do not have email access, please mail application materials to:**

UMass Boston – Urban Scholars Program  
McCormack Bldg. 3rd Floor, Room 008  
100 Morrissey Blvd.  
Boston, MA 02125