

# The Office Group

**Academic Monitoring, Tutoring, College Counseling, and Social Mentorship**

**Application 2026-27**     **Due Date – April 3rd**

**All questions must be answered. Incomplete applications will not be considered.**

**Mail completed application to: The Office Group, 2797 NW Clearwater Dr. #200, Bend, OR 97703**

Please list a reference we may contact (teacher, coach, counselor or mentor):

Reference Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (Fall 2026): \_\_\_\_\_ ( ) New or ( ) Returning Applicant

Address: \_\_\_\_\_

Phone Number: ( ) H ( ) C \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

Phone number: ( ) H ( ) C \_\_\_\_\_ Email of Parent \_\_\_\_\_

The Office Group would like to better understand your current situation, goals for the future and obstacles that might keep you from reaching those goals. Answer all questions on a separate sheet of paper and limit your answers to 4-5 sentences per question.

1. In 10 years, what goals do you hope to have accomplished?
2. What obstacles will you have to overcome to achieve those goals? Why do you think you can overcome those obstacles?
3. Who in your life wants you to succeed? Who do you turn to when you need support?
4. Define *GRIT* in your own words and provide two examples of how you have demonstrated or witnessed grit in either yourself or in a family member.
5. In what sports and/or other extracurricular activities, including paid work, do you currently participate? How have these shaped the person you are today?

Please rate your traits:	Seldom	Sometimes	Frequently	Consistently
Have a positive, curious approach to learning	1	2	3	4
Put in extra time and effort when needed	1	2	3	4
Show leadership and resist peer pressure	1	2	3	4
Complete and turn in homework on time	1	2	3	4
How often do you miss school or scheduled activities?	1	2	3	4

**Do you want to attend college?**

☐ Yes  
☐ No

**Do you have a college fund or family money to help pay for college?**

☐ Yes  
☐ No

**Where would you like to attend college?**

☐ Stay in Central Oregon  
☐ Somewhere else in Oregon or the Northwest  
☐ Open to anywhere in the U.S.

**Are your parents/guardians:**

☐ Married ☐ Divorced ☐ Other

**With whom do you live?**

☐ Both Parents ☐ Mother  
☐ Father ☐ Other

**Highest level of education of parent(s)/guardian(s)?**

Dad	Mom	
<input type="checkbox"/>	<input type="checkbox"/>	Grade School
<input type="checkbox"/>	<input type="checkbox"/>	Some High School
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or Equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Some College
<input type="checkbox"/>	<input type="checkbox"/>	Associate or 2-year Degree
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor or 4-year Degree
<input type="checkbox"/>	<input type="checkbox"/>	Graduate or Professional Degree

**Approximate combined household income:**

☐ Less than \$30,000  
☐ \$30,000 - \$50,000  
☐ \$50,000 - \$75,000  
☐ \$75,000 - \$100,000  
☐ Greater than \$100,000

**Do you have siblings?** ☐ Yes ☐ No

**If you have siblings:**

How many? \_\_\_\_\_ What are their ages? \_\_\_\_\_

**How many people live in your household?** \_\_\_\_\_

**Is the home you live in:** \_\_\_\_\_rented or \_\_\_\_\_owned?

**Does your family qualify for any of these programs?** \_\_\_\_\_SNAP \_\_\_\_\_OHP \_\_\_\_\_TANF \_\_\_\_\_Don't Know

**Are you on an IEP or 504 plan?** ☐ Yes ☐ No (If yes, please attach a copy.)

**The office Group asks members to participate in a few activities each year. Are you willing and able to attend these activities to get to know your fellow members and community?** ☐ Yes ☐ No

**If no, why not?** \_\_\_\_\_  
\_\_\_\_\_

**A minimum of 2-3 hours at The Office Group is required each week. Many members spend much more time in the office to complete homework, meet with tutors or work on college applications. Are you willing to make that commitment every week during the school year?** ☐ Yes ☐ No

**If no, why not?** \_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your Most Recent Transcript and your Forecasted Classes for the Fall of 2026.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_