

Illinois Secretary of State
Illinois State Library
ilsos.gov

Clear Form

Finish Line Illinois
High School Pathways at Illinois Public Libraries

Contact Information

Legal Name: _____

Legal Name in High School (if different): _____

Preferred Name: _____ Pronouns: _____

Date of Birth: _____ Occupation: _____

Home Address: _____

City: _____ ZIP: _____

Primary Phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

OK to leave a message? ☐ Yes ☐ No Preferred Contact Method: ☐ Phone ☐ Text ☐ Email

Your Public Library: _____

Educational Background

Last High School Attended: _____

City: _____ State: _____ Attended: Year _____ to Year _____

Other High Schools Attended (if any): _____

Do you have a copy of your high school transcript? ☐ Yes ☐ No ☐ Not sure

Have you passed a high school equivalency exam? ☐ Yes ☐ No

Colleges, universities, trade schools, or other accredited programs attended:

_____

Anything else you want to share about your education?

_____

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Initial Eligibility Questions

Are you 18.5 years or older? ☐ Yes ☐ No

About how many years of high school did you complete? _____

Have you been a legal resident of Illinois for more than 30 days? ☐ Yes ☐ No

Are you comfortable reading and writing in English? ☐ Yes ☐ No

Your Goals

What do you want to achieve? (Check all that apply.)

☐ Personal Goal ☐ Prepare for College ☐ Career Change

☐ Military Service ☐ Help my Children ☐ Promotion at Work

☐ Prepare for Workforce Training ☐ Other _____

When would you like to begin?: ☐ Immediately ☐ 2-3 Months ☐ Just Looking for Information

Support

Would any of these resources help you be successful? (Check all that apply.)

☐ Computer access at the library ☐ Internet access ☐ Quiet study space

☐ Computer to borrow and take home ☐ Group of peers ☐ Assistance with food

☐ Assistance with transportation ☐ Assistance with childcare ☐ One-on-one tutoring

☐ Help understanding school records ☐ Ability to work at home on your own schedule

Optional Demographic Information

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to answer

Race or Ethnicity (Check all that apply.): ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or Pacific Islander ☐ White

☐ Other _____ ☐ Prefer not to answer

U.S. Military Veteran? ☐ Yes ☐ No ☐ Prefer not to answer

Primary language spoken at home: _____

Highest education completed by either parent: _____

In school, did you ever have an IEP or 504 plan? _____

Do you have diagnosed learning differences? _____

How did you hear about this program? _____

Privacy Statement

We will keep your information confidential and use it only to determine eligibility, support your educational progress, and coordinate with educational partners. We will not share your information without your written permission—except as required by law or as necessary to administer your educational program.

How to Submit

Email your completed form to Programs@IllinoisLiteracy.org. A High School Pathways navigator from Illinois Public Libraries will contact you.

For Library Staff Only

Date Received: _____ Received By: _____ Library: _____

Actions Taken: ☐ Inquiry Only ☐ Transcript Requested ☐ Coordinator Notified

Initial Impression: ☐ Likely AMOC ☐ More Information Needed ☐ Likely Another Pathway

Notes: