

Chautauqua Cyber Club Inc.

New Horizons Application

Mr. Mrs. Miss Ms. – circle one Please PRINT the information below:

Last Name: _____ First Name: _____ Middle _____

Address: _____

City: _____ Florida - zip _____

Phone # _____ Cell Phone # _____

Date of Birth _____

Reference:

Name: _____ Relationship _____

Address: _____

Telephone: _____ Cell Phone _____

This program is provided as a service to the people of Walton County. It is focused on those who are homebound with a disability and wish to participate in the technology of home computing and use of the Internet.

If application is approved a computer work station will be provided. If the applicant does not have computing skills they must have access to someone willing to devote the time required to learn basic computing.

A home visit is required prior to consideration of the application. The applicant will be visited to explain the loan contract that is required, and to determine the applicants need, and willingness to devote themselves to computer learning. This is not an indepth interview related to medical conditions or detailed personal matters.

Signature

Date

Mail to: Chautauqua Cyber Club, Inc.

P. O. Box 251, DeFuniak Springs, FL 32435

For office use:

Received: _____ Interview: _____ Review _____

CCC# _____