

STUDENT INFORMATION		
Last Name	First Name	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Student Contact # _____		Email _____
School: _____		Student ID# _____
		Grade _____ GPA _____
State of Florida ID #: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate ____/____/____
Ethnic Background <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander		
<input type="checkbox"/> Other (Please Specify) _____		
English is the primary household language? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, please indicate primary language: _____		
Mother/Guardian Name: _____		Father/Guardian Name: _____
E-mail 1: _____		E-mail 2: _____
Cell Phone #: _____		Cell Phone #: _____
Student lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/>		Guardian <input type="checkbox"/>
I was referred to COLLEGE IMPACT by: <input type="checkbox"/> My child's school <input type="checkbox"/> Community Organization Personal Referral by _____		
ELIGIBILITY CRITERIA - All information must be complete to be eligible for College Impact services.		
Funding is provided by the Florida Department of Education and requires specific documentation for enrollment into the FIU After School All Stars College Program. The information is protected by the Family Rights and Privacy Act. The information is used to determine if the student is eligible to participate in the College Impact program. This section must be completed by the parent/guardian.		
First Generation Status (Parents' or Guardians' educational level)		
Please check the highest level of education <u>completed</u> by the student's mother/female guardian:		
<input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate School		
If Bachelor's Degree, Name of Institution Attended: _____		
Please check the highest level of education <u>completed</u> by the student's father/male guardian:		
<input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate School		
If Bachelor's Degree, Name of Institution Attended: _____		
Income Status		
If your family is using any of the following programs, please check:		
<input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Federal School Lunch Program		
Is this student a Ward of the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxable Income – Net Adjusted Gross Income (check one- see 1040 tax form, line 43 or 1040A tax form, line 27, or 1040EZ, line 6)		
<input type="checkbox"/> \$0-\$18,735	<input type="checkbox"/> \$31,996-\$38,625	<input type="checkbox"/> \$51,886-\$58,515
<input type="checkbox"/> \$18,736-\$25,365	<input type="checkbox"/> \$38,626-\$45,255	<input type="checkbox"/> \$58,516-\$65,145
<input type="checkbox"/> \$25,366-\$31,995	<input type="checkbox"/> \$45,256-\$51,885	<input type="checkbox"/> \$65,145 or above
Family members living in household _____		
Federal Low-Income Levels Effective 1/19		

STUDENT ASSESSMENT – THIS SECTION TO BE COMPLETED BY STUDENT ONLY

What are your plans after you graduate from high school?

2-Year College 4-Year College Technical/Vocational School Work Military Other: _____

What services and information would you like to receive from FIU College Impact? (check all that apply):

- Tutoring If so, in what subjects? _____
- Academic Counseling Mentoring Information on service/gap years Career Information
- Help preparing for college entrance exams (SAT/ACT Prep) Financial Education Exposure to college campuses
- Information on the college admissions process and help completing college applications.
- Information on college costs and help completing financial aid applications
- Information on how to strengthen my study and testtaking skills Assistance with the college enrollment process
- Information about the benefits of going to college and earning a degree

Currently, your top three choices for college are:

Currently, your top three choices for your future career are:

What do you see as your strengths (academically or socially)?

What would you like to improve (academically or socially)?

If accepted, I agree to always treat myself, other students, and program staff with respect.

I also agree to work hard in school, participate in College Impact sessions, events, and workshops throughout middle and high school, in order to prepare myself for success in school and in college.

Student Signature: _____ **Date:** _____

PARENT AGREEMENT - THIS SECTION TO BE COMPLETED BY PARENT ONLY

I certify that the information given here is true and correct.

I give my consent for my child to attend field trips, cultural events, and workshops.

I relieve South Florida After School All Stars College Impact at Florida International University of any responsibility for accidents, illnesses, or injuries including death that may result from participation. I release the released parties from all claims, damages, actions, or causes of actions, which may occur due to any decisions made with respect to the medical care or treatment of my child.

I authorize the use of my child’s name, photograph, and statements, for use in South Florida After School All Stars College Impact publications, media, newsletters, and websites.

I authorize counselors or schools to release my child’s transcript information regarding educational progress, attendance, testing, and enrollment status to College Impact at FIU.

This consent will remain in effect for as long as my child is a participant in the South Florida After School All Stars College Impact.

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only:

Director Signature: _____ Enrollment Date: _____