

Washtenaw Community College
Student Resource Center
INTAKE FORM

1. Name: _____ ID#@ _____
Last First Middle Initial

2. Address: _____
Street Number City State Zip Code

3. Safe Daytime Phone: _____ 4. E-mail Address: _____

If you **DO NOT** wish to be called or to have a message left on your voice mail, please check here.

5. Age: _____ 6. Date of Birth: ____/____/____ 7. Sex: Female Male
mm dd yy

8. Current Marital Status: Single (Never Married) Married Separated Divorced Widowed

9. Number of Dependent Children: _____ 10. Ages of Children: ____ ____ ____ ____
(18 years or younger)

11. Did you or your spouse serve in the U.S. Military? Yes No

12. If you are in need of academic accommodations due to a disability, please contact Learning Support Services at 973-3342. They are located in LA 104.

13. How did you hear about us?
 Other Workshop Web Welcome day Orientation Referral

GOALS

14. What are your educational goals? _____

15. What is your major? _____

16. Number of Credit Hours You Expect to Take: Fall _____ Winter _____ Spring _____ Summer _____

WORK HISTORY

17. Are you currently employed? Yes No If yes: Full Time Part Time Self- Employed

18. Employer: _____ 19. Job Title: _____ 20. How Long? _____

21. Are you eligible for tuition reimbursement through your employer? Yes No

EDUCATION

22. Do you have a High School Diploma or GED? Yes No If not, highest grade completed: _____

23. High School Attended: _____

24. Are you currently attending, or have you ever attended college before? Yes No

If yes, complete the following:

Name of College _____ Year(s) Attended _____ Degree? Yes No

Name of College _____ Year(s) Attended _____ Degree? Yes No

INCOME

25. What is your current salary? \$ _____ hourly \$ _____ monthly
26. What was your total income for last year? \$ _____
27. If not employed, what is your source of income? _____ Amount: \$ _____
28. If you are a dependent student (under 24), are your parents/guardians assisting you with your educational expenses? Yes No Parents Yearly Income: _____

FINANCIAL ASSISTANCE

29. Have you applied for Federal Financial Aid? Yes No If Yes, When? _____
 Are you eligible for: *Pell Grant* Yes No *Loan* Yes No
 (Having a current FAFSA application on file with EFC and providing a copy of the current year taxes is a requirement to receive SRC funding.)
30. Are you in default of a student loan? Yes No
31. Are you receiving help from the Department of Human Services (DHS)? Yes No
 Child Care _____ Food stamps _____ Medicaid _____
32. Are you receiving family/parent/friend assistance? Yes No How Much? _____
33. Have you applied for or received any other scholarships and/or grants this academic year?
 Yes No If yes, which ones? _____
34. Have you applied for the WCC Foundation Scholarship? Yes No

36. In what areas are you requesting SRC assistance? *Check as many as are applicable:*
- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Books | <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Career Guidance | <input type="checkbox"/> Bus Tokens | <input type="checkbox"/> Childcare (while attending school) | |
37. Check the semester for which you are requesting assistance:
 Fall Winter Spring /Summer

The SRC does not award case assistance for living expenses
 We cannot guarantee eligibility determination in time for the start of registration

I certify that all information supplied in this application is accurate to the best of my knowledge. I understand that failure to answer truthfully to any of these questions makes me financially responsible for financial awards made in my behalf on the basis of this application. I give permission for the SRC, WCC to have access to my enrollment and grade information. Relevant information may be shared with other college/academic departments on a need to know basis. Grants are based on meeting Satisfactory Academic Progress (SAP.)

Applicant's Signature: _____ **Date:** _____

It is the policy of Washtenaw Community College that no person shall on the basis of race, color, national origin, gender, age, marital status, creed, or handicap, be excluded from participating in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.