

STUDENT SUPPORT SERVICES INTAKE

Name _____ Social Security _____ A# _____

Local Address _____
Street/PO Box *City* *State* *Zip*

E-mail Address _____ Phone _____

Date of Birth _____ Marital Status _____ Gender: Male Female

Ethnic Origin: Hispanic or Latino

Race: American Indian/Alaskan Native Asian Black/African American White Native Hawaiian/Other Islander

Native Language _____ U.S. Citizen: Yes No Veteran: Yes No

Education: Are you a high school graduate? Yes No If not, have you passed the GED? Yes No

Are you pursuing an Associate Degree (2-year degree)? Yes No

Do you plan on transferring to a 4-year institution (pursuing a Bachelor's Degree)? Yes No

Which college/university have you previously attended? _____ Credit hours earned _____

Do either of your parents (who are your legal guardians) have a four-year (Bachelor's) degree? Yes No

Do you require any special accommodations? Yes No

If yes, please explain: _____

Household Status: Dependent (live with parents) Independent (own household)

Number of people in household _____

Household Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 – 19,320 | <input type="checkbox"/> \$32,491 – 39,750 | <input type="checkbox"/> \$53,371 – 60,180 |
| <input type="checkbox"/> \$19,321 – 26,130 | <input type="checkbox"/> \$39,751 – 46,560 | <input type="checkbox"/> \$60,181 – 66,990 |
| <input type="checkbox"/> \$26,131 – 32,940 | <input type="checkbox"/> \$46,561 – 53,370 | <input type="checkbox"/> over \$66,991 |

Funding Sources: Pell DWS Rehab ONNSFA Scholarship Other _____

Name and address of an emergency contact:

Name _____ Relation _____

Address _____ Phone # _____
Street/PO Box *City* *State* *Zip*

Release: I agree to the release of information necessary to complete the counseling and assessment process (i.e. transcripts, prior test results, financial eligibility information, etc.). I agree to the administration of the indicated assessments. I also certify that the above information is true and complete to the best of my knowledge.

Signature _____ Date _____

Parent's Signature (if student under 18) _____ Date _____

Intake Counselor's Signature _____ Date _____

USU Blanding Campus seeks to provide equal access to its programs, services, and activities for people with disabilities. For accommodations, contact the DRC at 435-797-2444.