

College Success Data Sheet

First Name	Middle Initial	Last	Name	
Birth Date	College Graduation Year (est.)			
Cell Phone	Preferred Email (College or personal)			
Did you qualify for FreHave you ever been inHave you ever been ho		High Schoo		
College Attending		Stude	Student ID	
College Major		Colleg	College GPA (Previous Semester)	
Will/do you have a job in college	e? Yes No	Hours	per week you work:	
Have you filed a FAFSA before?	Yes No	EFC:		
High School	Graduat	ion Year	High School GPA (Cumulative)	
Home Mailing Address (stre	eet, city, state, zip)			
College Mailing Address (stre	eet, city, state, zip)			
to verify your financial aid award and	balances. GRASP gathers this info disclosed. This authorization shall l to release to GRASP any and all inf	ormation for sta be valid for a peri formation related		
Student Signature		Date o	of Signature	

If you have any questions about this form, please contact your GRASP College Success Advisor at **(804) 527-7772** or by email at **collegesuccess@grasp4virgina.com**. We look forward to working with you in your college career.