# College Success Data Sheet

First Name (legal name) | Middle Initial | Last Name (legal name) | What you like to be called

Cell Phone | Date of Birth

High School | Graduation Year

College Email Address (required field, please print legibly)

Have you filed a FAFSA before? ☐ Yes ☐ No EFC : _____

Did you qualify for Free and Reduced Lunch in High School? ☐ Yes ☐ No

Have you ever been in foster care? ☐ Yes ☐ No

Have you ever been homeless? ☐ Yes ☐ No

Did you have an I.E.P. in high school? ☐ Yes ☐ No

Did either of your parents graduate from college? ☐ Yes ☐ No

Will/do you have a job in college? ☐ Yes ☐ No Hours per week: _____

☐ I am a SOAR Virginia® student

College Attending | Student ID

College Major | College Graduation Year (est.)

Permanent Mailing Address | City | State | Zip Code

Your Address at college (if different) | City | State | Zip Code

**I authorize GRASP to take my photo while attending a GRASP event and use those photos in publications as needed.**

Student Signature (required) | Date 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@grasp4virginia.com**. We look forward to working with you in your college career.

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