

## COLLEGE AND FINANCIAL AIDE STUDENT INFORMATION

The information provided on this form will assist us in completing the Report(s) you need for colleges or scholarships. Detail as completely as possible all information concerning your interests, special talents and activities. BE COMPLETE! Type or print legibly. Make a copy.

Full Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID# \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Father's/Guardian's Name and Occupation: \_\_\_\_\_

Highest Grade Attended \_\_\_\_\_

SSN#: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mother's/Guardian's Name and Occupation: \_\_\_\_\_

Highest Grade Attended \_\_\_\_\_

SSN#: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I understand that this information is provided to the counselor so that he/she may assist my child in applying to College and for Financial Aid applications. I give permission for the above information to be used by my student and the counselor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian