

Student Name: \_\_\_\_\_

The questions below will help your Counselor/Advisor in supporting you through the college financial aid process. Please consider all questions optional and if you have questions or concerns please ask your Counselor/Advisor.

**I am a (Check ONE):**

- US Citizen     US Permanent Resident  
 Other         Don't Know

**Who do you live with? Check ALL that apply.**

- Mother / Parent 1/Stepparent     Legal Guardian  
 Father / Parent 2/Stepparent     On my own  
 Other \_\_\_\_\_

**Which family members were employed within the past year? Check ALL that apply.**

- Mother / Parent 1                     Guardian  
 Father / Parent 2                     Student

**What is the marital status for the parent/guardian(s) you live with? Check ONE.**

- Single, Never Married     Divorced  
 Married                       Separated  
 Remarried                     Widowed

**Have you talked to your parents/guardians about how you will pay for school?**

- Yes     No     Not Sure

SAT Score: \_\_\_\_\_

GPA: \_\_\_\_\_

ACT Score: \_\_\_\_\_

**COLLEGE LIST –**

Use the space below to list the colleges you are considering applying to/attending

College Names	Financial Aid Deadline	Financial Safety School	CSS Profile Needed	Non-Custodial Profile/Waiver	Instit. Form	Average Net Price	Graduation Rate
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		