

# SPARK PROGRAM INTAKE FORM

*All information is confidential and only accessible to program and financial aid staff*

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

## STUDENT INFORMATION

Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male  Other

Email (student): \_\_\_\_\_ Email (personal): \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Phone #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Phone #3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have children?  Yes  No If yes, how many children do you have? \_\_\_\_\_

Currently in foster care?  Yes  No

County of jurisdiction: \_\_\_\_\_ When are you expected to age out? \_\_\_\_\_

Submitted Court Documents:  Yes  No

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## SUPPORT SERVICES ON CAMPUS

Are you currently receiving services from the following?

Services	Yes	No	Name of Contact (if known)	Notes
Enter options here				
Other				

**FINANCIAL RESOURCES**

Completed FAFSA:  Yes  No Date: \_\_\_\_\_

Completed Chafee application:  Yes  No Receiving Chafee:  Yes  No

Applied for Scholarships:  Yes  No Receiving Scholarships:  Yes  No

If yes, which ones: \_\_\_\_\_

Are you receiving Work Study?  Yes  No

Are you currently employed?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Place of employment: \_\_\_\_\_

Other sources of financial support:  Foster Care  Family/friend  Financial Aid

Other: \_\_\_\_\_

**HOUSING**

Living Situation:

Apartment  Dorms  Transitional Housing  Family

Foster Home  Homeless  Decline to state

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

**OTHER INFORMATION**

Any other information you'd like to share with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information I have completed is true and correct to the best of my knowledge**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_ understand that participation in the SPARK program is voluntary and can request to be removed from the Program at any point. In order to receive access to resources through the SPARK program I agree to participate biweekly meetings with a program mentor and attend in at least one event each month from the SPARK program calendar.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**