

**East Central University**  
**Student Support Services Project**  
**Intake Application**

Updated 08/25/2015

**I. Personal Data**

**Date:** \_\_\_\_\_ **ECU ID#:** \_\_\_\_\_ **SSN** \_\_\_\_\_

\*\*\* SSN is not used for anything other than reporting to the Dept. of Education \*\*\*

**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Local Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**US Citizen:** \_\_\_ Yes \_\_\_ No      **Veteran:** \_\_\_ Yes, \_\_\_ No

**Gender:** \_\_\_ Male \_\_\_ Female

**Marital Status:** \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed

**If dependent student** (supported by parents) what is the number in family \_\_\_\_\_ **Parents** \_\_\_\_\_ **Siblings** \_\_\_\_\_  
Other \_\_\_\_\_

**If Independent Student** do you have children currently in the household? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list ages \_\_\_\_\_

**Do either of your parents have a bachelors' degree?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Ethnic Groups:** Are you Latino or Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ American Indian or Alaskan    \_\_\_\_\_ Asian    \_\_\_\_\_ Black or African American

\_\_\_\_\_ Hawaiian or Pacific Islander    \_\_\_\_\_ White    (Check all that apply if multiple)

**Place of employment:** \_\_\_\_\_ **How many hours do you work per week?** \_\_\_\_\_

**Do you have a disability or need?** \_\_\_\_\_ Yes \_\_\_\_\_ No      **If Yes, please describe:** \_\_\_\_\_

**Did you apply for financial aid?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**What type of financial assistance are you receiving?**

\_\_\_\_\_ Scholarship    \_\_\_\_\_ Loans    \_\_\_\_\_ Pell/ Other Grants    \_\_\_\_\_ Veteran's    \_\_\_\_\_ Other

\*\*\*\*\*

**II. Educational Background & Goals**

**High School Attended:** \_\_\_\_\_ **Year graduated:** \_\_\_\_\_

**High School Equivalent (GED):** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Year received:** \_\_\_\_\_

**ECU Entrance Date:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Classification** \_\_\_\_\_

**Are you a transfer student?** \_\_\_ Yes \_\_\_ No      **From where?** \_\_\_\_\_

**What are your plans on completion of courses / study at ECU?**

**Transfer to another college:** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Where?** \_\_\_\_\_

How did you hear about *Student Support Services*? \_\_\_\_\_ Friend \_\_\_\_\_ Faculty/Staff \_\_\_\_\_ Brochure \_\_\_\_\_  
Other \_\_\_\_\_

**Check all of the services that may interest and/ or benefit you:**

- |  |                         |
|--|-------------------------|
| _____ Academic Advising/ Degree Planning   | _____ Tutoring          |
| _____ Financial Aid Application Assistance | _____ Writing           |
| _____ Career Counseling/ Resume Writing    | _____ Reading           |
| _____ Career/ Interest Assessment          | _____ Math              |
| _____ Personal Counseling                  | _____ Science           |
| _____ Peer Mentoring                       | _____ Other _____       |
| _____ Workshops                            |                         |
| _____ Overcoming Test Anxiety              | _____ Stress Management |
| _____ Note Taking                          | _____ Time Management   |
| _____ Organization                         | _____ Money Management  |

**What obstacles may affect your ability to achieve your academic goals? (Check all that apply)**

- |  |                             |
|--|-----------------------------|
| _____ Family medical problems              | _____ Always feel tired     |
| _____ Financial constraints                | _____ Separation or divorce |
| _____ No friends at ECU                    | _____ Easily distracted     |
| _____ Afraid to speak up in class/ shyness | _____ Problems at home      |
| _____ Alcohol and/or drug problems         | _____ Bad grades            |
| _____ Health concerns/ issues              | _____ Poor study habits     |
| _____ Other: _____                         |                             |

**RELEASE OF INFORMATION**

**This is to certify that information given to the *Student Support Services Project* staff is true and correct to the best of my knowledge. I give *Student Support Services* my permission to receive copies of my educational records and other materials necessary for support and participation in this program.**

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Director's Approval*

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