

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 He/Him/His She/Her/Hers They/Them/Theirs Other

 Pronouns

 High School _____
 Graduation Year

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College Email Address (*required, this is your personal email that the school has issued to you*)

Have you filed a FAFSA or VASA 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** I am a SOAR Virginia® student
 Have you ever been homeless? **Yes** **No**
 Did you have an I.E.P. in high school? **Yes** **No** I am a Pathways scholarship recipient
 Did either of your parents graduate from college? **Yes** **No**

 College Attending Student ID

 College Major College Graduation Year

 Permanent Mailing Address City State Zip Code

I do grant GRASP permission to use my artwork, compositions, photos, and/or any likeness in publications, brochures, website, other advertising, or activities.

 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 email at collegesuccess@grasp4va.org. We look forward to working with you in your college career.