



Ensuring Career and College Access for All

<b>Advisor Use Only</b>			<b>Know more about financial aid?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> Nap	<input type="checkbox"/> Not Nap	<input type="checkbox"/> Don't Know	<b>Will file FAFSA, or knows next steps?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
			<b>Helpful?</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Text</b>	<b>Email</b>	<b>Phone</b>	<b>Video Call</b>	<b>In-Person</b>	

**Basic Student Information**

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ PREFERRED \_\_\_\_\_  
 GRADUATION YEAR \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ I attend a technical center \_\_\_\_\_

**Additional Demographic Information**

PRONOUNS:  He/Him/His  She/Her/Hers  They/Them/Theirs  Other: \_\_\_\_\_  
 RACE:  American Indian or Alaska Native  Asian  Black or African American (not of Hispanic origin)  
 Hispanic or Latino (of any race)  Native Hawaiian or other Pacific Islander  White (not of Hispanic origin)  
 Two or more races (not of Hispanic origin)  Unknown/Prefer not to specify  
 BIRTH DATE \_\_\_\_\_ DO YOU PARTICIPATE IN SOAR VIRGINIA®?  Yes  No  
MM/DD/YY  
 IS ANYONE IN YOUR FAMILY ELIGIBLE FOR FREE AND REDUCED LUNCH?  Yes  No  
 DO YOU HAVE AN I.E.P., FOR SPECIAL EDUCATION, OR A §504 PLAN, FOR ACCOMMODATIONS?  Yes  No  
 DO YOU LIVE WITH A PARENT?  Yes  No IF NO, WITH WHOM DO YOU LIVE? \_\_\_\_\_  
 ARE YOU HOMELESS OR AT RISK OF BEING HOMELESS?  Yes  No  
 AT ANY TIME SINCE AGE 13, HAVE YOU BEEN IN FOSTER CARE?  Yes  No  
 DID EITHER OF YOUR PARENTS GRADUATE FROM COLLEGE?  Yes  No

PARENT FIRST NAME \_\_\_\_\_ PARENT LAST NAME \_\_\_\_\_  
 PARENT EMAIL \_\_\_\_\_ PARENT CELL \_\_\_\_\_

**Plans After High School**

PLANS AFTER HIGH SCHOOL?  Apprenticeship  Career Program  Military  Community College Associate  
 Community College to 4-Year School Transfer  4-Year College Directly  Employment Directly  
 CAREER INTERESTS  Medical/Health  STEM  Liberal Arts  Education  Fine Arts  Skilled Trade  Other  
 STUDENT'S SAT OR ACT SCORES \_\_\_\_\_ APPROXIMATE GPA \_\_\_\_\_  
 FSA ID COMPLETE  PARENT(S) FSA ID COMPLETE  FAFSA SUBMITTED  VASA SUBMITTED SAI: \_\_\_\_\_

