

CONFIDENTIAL
PROJECT START APPLICATION FORM

Office use only: Date Received _____ Input in database _____
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Date: _____ Major: _____

A. DEMOGRAPHICS:

Name: _____ K#: _____
(Last) (First) (MI)

Address: _____ PO Box: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

Phone #: _____ Work/Message: _____

Email Address: _____

Sex: _____ Date of Birth: ____ / ____ / ____ Age: _____

Ethnic Origin: (Circle One)
(optional)

- Hispanic/Latino
- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

US Citizen: (Circle One)

Yes No If no, explain _____

Is English your first language? (Circle One)

Yes No

Marital Status: (Circle One)

- Single/Never Married
- Married
- Separated
- Divorced
- Remarried
- Widowed

Emergency Contact Person: _____ Phone #: _____

(First) (MI) (Last)

Address: _____ City: _____ State: _____

Relationship: _____

Please provide the name of two people who will know where you are in case we lose track of you after you graduate:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

B. FAMILY/HOUSEHOLD INFORMATION:

Name of spouse/significant other: _____

List all persons in household (family members, including self, relationship)

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have dependents not residing in your household? (Circle One)

Yes No

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____

C. EDUCATION:

Are you currently enrolled at Kirkwood? (Circle One) Yes No

Will you be full time or part time next semester? (Circle One) Full-time Part-time

Did you graduate from high school? (Circle One) Yes No

If no, have you received:

GED? Yes No Date: _____

H.S. Alternative? Yes No Date: _____

Last High School Attended:

Name: _____ Year Graduated: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Educational Training:

Name: _____

City: _____ State: _____

Type of Training: _____

Diploma (Type & Date): _____

Certificate (Type & Date): _____

Degree (Type & Date): _____

Dates: From _____ To _____

List any other educational training received:

****Note: If you have earned a Bachelor's Degree, you will need to provide documentation detailing why you can not utilize that degree and why you need trained in another area.**

Rate your skills:	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Reading	_____	_____	_____
Math	_____	_____	_____
Writing	_____	_____	_____
Spelling	_____	_____	_____
Study	_____	_____	_____

Describe any help you may need in the following areas:

<u>Subject</u>	<u>Describe</u>
Reading	_____
Math	_____
Writing	_____
Spelling	_____
Study	_____
Other	_____

D. EMPLOYMENT INFORMATION:

Employment Status: (Circle One)

Employed Full-time

Employed Part-time

Self-employed

Seasonally Employed

Laid Off

Not Employed, date last worked: _____

Other jobs or volunteer experiences: (Circle All that Apply)

Computer	Forklift operator	Cook
Word-processing	Heavy equipment operation	Filing
Programming	Drywalling	Bookkeeping
Typing	Carpentry	Shorthand
Calculator	Electrical	Telephone
Dictaphone	Masonry	Child Care
Cash Register	Welding	Housekeeping
Retail Sales	Truck Driving	Yard Work
Other Skills: _____		

If you could have any job you wanted, what would it be? _____

E. MEDICAL/HEALTH:

If you have a physical or mental disability that creates a barrier to your education, please explain below:

Are you presently under a doctor or therapist care for the condition mentioned above? (Circle One) Yes No

If yes, explain: _____

Name of Doctor/Therapist: _____

Address: _____

Phone #: _____

F. FINANCIAL:

Have you applied for a Pell Grant or other Federal Financial Aid? (Circle One) Yes No

Do you qualify for Pell Grant? (Circle One) Yes No

What circumstances are causing a financial need?

Family income: List all sources and amount of monthly income for all family members
(including alimony and child support received if applicable)

<u>Household Member Receiving Income</u>	<u>Employer or Benefit Program</u>	<u>Monthly Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Six-month income	_____
	Total year income	_____

Benefits received: Do you or any family member receive any of the following benefits?

<u>Benefit</u>	<u>Family Member</u>	<u>Amount</u>	<u>Length of Time Rec'd</u>
FIP	_____	_____	_____
Food Stamps	_____	_____	_____
Title 19	_____	_____	_____
SSDI	_____	_____	_____
SSI	_____	_____	_____
VA	_____	_____	_____
General Assistance	_____	_____	_____
Foster Care	_____	_____	_____
Worker's Compensation	_____	_____	_____
	Employer Name: _____		
Unemployment	_____	_____	_____
Employer Name:	_____	When benefits end	_____
Other Assistance	_____	_____	_____

Have you applied for funding from any of the following?

	<u>Date Applied</u>	<u>Name of Worker</u>
Promise Jobs	_____	_____
Title 20 Blockgrant	_____	_____

Are you (or will you be) paying childcare costs for you children while attending college? (Circle One)
Average weekly amount paid for daycare: _____ Yes No

G. COMMUNITY/AGENCY INVOLVMENT: With what agencies are you presently working?

<u>Agency Name</u>	<u>Agency Contact Person</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

H. TRANSPORTATION:

(Circle One)

Do you have a valid Iowa Driver's License?	Yes	No
Do you have a car?	Yes	No
If you do not have you own transportation, is there someone who will provide transportation for you?	Yes	No

I. MISCELLANEOUS:

Are you a veteran?	Yes	No
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If yes: Dates of service....From _____ To _____

Branch: (Circle One) Army Navy Air Force Marines Coast Guard Reserves
Type of Discharge: _____

J. REFERENCES: Name three people not related to you who can provide a reference.

Name

Address

City

State

Zip

Phone

Years Known

Relationship

Name

Address

City State Zip

Phone

Years Known Relationship

Name

Address

City State Zip

Phone

Years Known Relationship

I give my permission to Kirkwood Community College's Project START staff to request information regarding any support I may receive from other agencies listed on this application. This information will be used for educational support purposes only, and will be kept strictly confidential.

Student Signature

Today's Date

Return application to: Student Development Office, 115 IA Hall
Kirkwood Community College
PO Box 2068
Cedar Rapids, IA 52406