

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

High School																				Graduation Year									

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	SAI : _____
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
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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.