



*mandatory fields

Student Intake Form

Please complete and return to WHD. After reviewing an Advocate will contact you for a phone interview.

DATE: / /23

Personal Information

Student Last Name:*					First Name: *			
Street Address:*							Apartment/Unit#:	
City:*	State:	ZIP Code:	Cell Phone:*	Alternate Phone:*				
Student Email:*				Date of Birth (optional):		Completed FAFSA? Yes No		
Current School (Please indicate High School, Middle School, or College)								
Interview Dates: Provide four (4) available dates and times for in-person interview.								
First Choice: Date: ___/___/___ Time: _____		Second Choice: Date: ___/___/___ Time: _____						
Third Choice: Date: ___/___/___ Time: _____		Fourth Choice: Date: ___/___/___ Time: _____						
Current Grade GPA for all units Completed: *		Total Units Completed: *			Major:		Minor:	
Weighted:		High School:						
Unweighted:		Community College:						
College/University Units:								
List all tests taken and scores. List additional in comments below	SAT:	ACT:	AP (subject)	AP (subject)	AP (subject)	AP (subject)	AP (subject)	
Career Interest:				Secondary Career Interest:				
What Activities/Projects/Participation you have been involved in that pertains to your field of interest?								
Future Colleges/University of interest	Name			Why?				
	1. _____			_____				
	2. _____			_____				
	3. _____			_____				
	4. _____			_____				
I Need Assistance with:	<input type="checkbox"/> Financial Aid <input type="checkbox"/> College Selection <input type="checkbox"/> Personal Statement		<input type="checkbox"/> College Tours <input type="checkbox"/> Housing <input type="checkbox"/> Career Planning		<input type="checkbox"/> Other			
Additional comments								