

# Promise Program Intake Form

All information is confidential and only accessible by university staff

## STUDENT INFORMATION

NAME \_\_\_\_\_ WCU ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_  
(most recent/school)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER male  female  other

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU HAVE CHILDREN? Y / N

CURRENTLY IN FOSTER CARE? Y / N

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION. 1) WHEN ARE YOU EXPECTED TO AGE OUT? \_\_\_\_\_ / \_\_\_\_\_  
month year

2) COUNTY OF JURISDICTION \_\_\_\_\_ 3) SUBMITTED COURT DOCUMENTS? Y / N

## EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

I GIVE PERMISSION FOR THE SINGLE POINT OF CONTACT TO CALL/WRITE IF I AM UNABLE TO BE REACHED FOR MORE THAN 2 WEEKS.

## SUPPORT SERVICES ON CAMPUS

ARE YOU CURRENTLY RECEIVING SERVICES FROM THE FOLLOWING?

SERVICES	YES	NO	NAME OF CONTACT (IF KNOWN)	NOTES
ADP				
SUMMER BRIDGE				
OSSD				
LARC TUTORING				
COUNSELING				
ACHIEVE				
EARLY ALERT				
RESOURCE PANTRY				

ARE YOU INTERESTED IN HOUSING OVER BREAKS? IF YES, PLEASE MARK ALL THAT APPLY.

THANKSGIVING  WINTER  SPRING  SUMMER

## FINANCIAL RESOURCES

COMPLETED FAFSA? Y / N    DATE \_\_\_\_\_

COMPLETED CHAFEE APPLICATION? Y / N    RECEIVING CHAFEE (IF APPLICABLE)? Y / N

APPLIED FOR PHEAA? Y / N    RECEIVING SCHOLARSHIPS? Y / N

IF YES, WHICH SCHOLARSHIPS? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? Y / N    IF YES, HOW MANY HOURS PER WEEK? \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

OTHER SOURCES OF FINANCIAL SUPPORT  FOSTER CARE     FAMILY/FRIEND     FINANCIAL AID

OTHER \_\_\_\_\_

## MOST RECENT HOUSING

LIVING SITUATION

APARTMENT     USH DORMS     TRADITIONAL DORMS     FAMILY

FOSTER HOME     HOMELESS     OTHER \_\_\_\_\_

NOTES \_\_\_\_\_

## OTHER INFORMATION

I, \_\_\_\_\_ understand that participation in the Promise Program is voluntary and can request to be removed from the Program at any point. In order to receive access to resources through the Promise Program I agree to participate in at least one event each month from the Promise Program calendar.

X \_\_\_\_\_

signature

X \_\_\_\_\_

date