



EDUCATION

Make education a priority, not an option

College Coaching – Intake Form

General Information:

Name: _____ Date: _____

Place of Birth: _____ Birth date: _____ Age: _____

Gender: Male Female Other: _____ Marital Status: Married Single Other _____

How many children do you have? _____ Ethnicity: _____

What is your citizenship status? U.S. Citizen Permanent Resident DACA Undocumented Other: _____

If born outside the US, how many years have you lived in the United States? _____

Are you planning on relocating outside of the U.S.? YES If yes, when: _____ Why: _____ NO

Current Address: _____

City: _____ State: _____ Zip Code: _____

Do you live in a home, apartment, townhome, trailer, or other? _____ Rent Mortgage Own

Cell (____) ____ - ____ Home Phone: (____) ____ - ____ Emergency#: _____ Name: _____

Email # 1: _____ Email # 2: _____

Employment

Are you currently employed? YES NO If so, Full-time or Part-time

If currently employed, where _____

Are your parents currently employed? YES, both parents YES, just mother YES, just father Neither or N/A

Do you have a vehicle? YES NO

Do you have auto insurance? YES NO

Do you have a driver's license? YES NO

Living Situation

What is your total household income? (This includes all working adults annual income before tax) _____

How many people live in your household: (Father, Mother, Brother, Sister, Grandparent, Aunt, Uncle, Cousin, Other)

Total: _____ Describe your family support system: _____

Besides your immediate family who can you count on in a time of need? (I.E. church, community center, coach, teacher, friends, mentor. Please list all that apply) _____

Do you feel safe in your neighborhood? YES NO If not, why? _____

In the past few years, have you observed any type of criminal activity such as; robberies, gangs, or violence? (If yes, please explain.): _____

Have you ever been convicted of a crime? _____ If so, what was the charge? _____

Health History

Do you have access to medical services? Insurance Medicaid Wishard Advantage HIP Other _____

How would you rate your health? Excellent Good Average Poor

Do you or a family member have a serious health condition? YES NO Who: _____

Do you go see a doctor for: Routine Checks Medical Condition Not at All

Education

High School Name _____ GPA (4.0 scale) _____

What college/university are you currently/planning to attending? _____

What is your current major? _____ What is your minor? _____

Are you planning to work while attending college? YES, Full-time YES, Part-time NO

Why? _____

Are you or would you be helping your parents with household expenses? Explain: _____

While in college are you living in a: Campus Dorm Apartment Home Other: _____

If you will be living in a dorm or apartment, will you be having roommates? YES NO

What sources of financial aid were you awarded this school year? Please be realistic based on your current situation:

How many college credits have you completed? _____ Last semester completed: _____

What academic year are you currently entering? (Example: Freshman Fall '16) _____

In High School or in College: _____

Are you a first-generation college student? (Parents do not hold a 4-year degree from a U.S. institution) YES NO

Are you a 21st Century Scholar? YES NO

Are you eligible to apply for the FAFSA? (Must be U.S. citizen or U.S. Permanent Resident) YES NO

Are you participating in any summer programs? YES NO If yes, what: _____

Do you currently volunteer or participate in community service? YES NO If yes, where: _____

Would you like to become a volunteer this year? YES NO If yes, where: _____

Have you recently applied for any scholarships? YES NO If yes, which ones: _____

Name any barriers or challenges for you **NOT** to continue with a college education? _____

How can ILI help you succeed this school year?

How did you hear about Indiana Latino Institute? (Please check all that apply) School Radio Newspaper
 Indiana Latino Institute Presentation Flyer Church Community Center Friend: _____ Other:

DO YOU OR A FAMILY MEMBER CURRENTLY EXPERIENCE OR HAVE EVER EXPERIENCED:	YES	NO	SELF OR FAMILY	CURRENT STATUS (STATUS AS OF DATE FILLING OUT THIS APPLICATION)
ALCOHOL/DRUG ABUSE				
SEXUAL ABUSE				
MENTAL ILLNESS				
DETERIORATED, HIGH CRIME NEIGHBORHOOD				
DOMESTIC VIOLENCE				
EXPULSION/SUSPENSION				
SERIOUS HEALTH ISSUES				
LOW INCOME				
SINGLE PARENT HOME				
LIMITED ENGLISH SKILLS				
LACK OF PARENTAL SUPPORT				
PHYSICAL DISABILITY				

Assessment Completed by (Print Name): _____ Date: _____

Assessment Completed by (Signature): _____ Date: _____

Parent Signature (If under 18): _____ Date: _____

Please return the completed application to Dayanna Arichavala at darichavala@indianalatinoinstitute.org or fax it to 317-472-1056.