## ELIGIBLE STUDENT SELECTION FORM

1) Applicant's name
Last First
[ID \#] 5 5-digit ID number from Consent Form: _______
2) Current date:

Month |___|__| Day |___| Year 20|___|_|
3) Expected date of program entry if selected:

Month |___|__| Day |__|__| Year 20|___|


City $\mid$ ___ $\mid$ _____ $\mid$
State: |__|__| Zip code: $\mid$
 (area code)
5) Social Security Number:

6) Date of birth:

Month |___|_ Day |__|__| Year 19| $\qquad$
7) 2007-2008 school year:
Name of school

Grade level |___|__|
8) Program eligibility:

| Family income is at or below 150 percent of poverty level | $\square_{1}$ Yes | $\square_{2}$ No | $\square_{3}$ Don't Know |
| :--- | :--- | :--- | :--- |
| Potential first generation college student | $\square_{1}$ Yes | $\square_{2}$ No | $\square_{3}$ Don't Know |
| Student has completed $10^{\text {th }}$ grade | $\square_{1}$ Yes | $\square_{2}$ No |  |

9) Higher-risk status:


According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number The valid OMB control number for this information collection is 1850-0822; it expires MM/DD/YYYY. The time required to complete this information collection is estimated to average 15 minutes per response per student, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

