

2020-2021 CSI Intake Sheet

Full Name:

DOB: _____

Driver's License #: _____

College/University: _____

Major/Minor/Undecided : _____

Race/Ethnicity: _____

How long have you been involved with STS?

**Contact
Information**

Home

Address: _____

College Email:

Personal Email:

Cellphone:

College Student ID #:

FSA ID (Student): _____ FSA ID (Parent):

FSA Password (Student): _____ FSA Password (Parent):

Campus Portal

Username: _____

Campus Portal

Password: _____

List any scholarships you have received for college (Ex: BHS scholarship, Gammons scholarship etc.)

Are you a first generation college student (neither parent have a 4 year degree): Yes

No

Did you have an IEP in high school?: Yes

No