



2019-2020 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