



Ensuring Career and College Access for All

Advisor Use Only		Know more about financial aid? ___ yes ___ no		
___ Nap ___ Not Nap ___ Don't Know		Will file FAFSA, or knows next steps? ___ yes ___ no		
		Helpful? ___ yes ___ no		
Text	Email	Phone	Video Call	In-Person

Basic Student Information

FIRST NAME _____ M.I. _____ LAST NAME _____ PREFERRED _____
 GRADUATION YEAR _____ HIGH SCHOOL _____
 EMAIL _____
 CELL PHONE _____ CAN GRASP TEXT YOU? ___ YES ___ NO

Additional Demographic Information

ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PRONOUNS: ___ He/Him/His ___ She/Her/Hers ___ They/Them/Theirs ___ Other: _____
 RACE: ___ American Indian or Alaska Native ___ Asian ___ Black or African American (not of Hispanic origin)
 ___ Hispanic or Latino (of any race) ___ Native Hawaiian or other Pacific Islander ___ White (not of Hispanic origin)
 ___ Two or more races (not of Hispanic origin) ___ Unknown/Prefer not to specify
 BIRTH DATE _____ DO YOU PARTICIPATE IN SOAR VIRGINIA®? ___ Yes ___ No
MM/DD/YY
 IS ANYONE IN YOUR FAMILY ELIGIBLE FOR FREE AND REDUCED LUNCH? ___ Yes ___ No
 DO YOU HAVE AN I.E.P., FOR SPECIAL EDUCATION, OR A §504 PLAN, FOR ACCOMMODATIONS? ___ Yes ___ No
 DO YOU LIVE WITH A PARENT ___ Yes ___ No HOW MANY (INCLUDING YOU) IN YOUR HOUSEHOLD? _____
 ARE YOU HOMELESS OR AT RISK OF BEING HOMELESS? ___ Yes ___ No
 AT ANY TIME SINCE AGE 13, HAVE YOU BEEN IN FOSTER CARE? ___ Yes ___ No
 DID EITHER OF YOUR PARENTS GRADUATE FROM COLLEGE? ___ Yes ___ No

PARENT FIRST NAME _____ PARENT LAST NAME _____
 PARENT EMAIL _____ PARENT CELL _____

HOW DID YOU HEAR ABOUT GRASP?

___ Counselor ___ Classroom Presentation ___ School Assembly ___ Announcement/Website ___ Friend ___ Other

Plans After High School

PLANS AFTER HIGH SCHOOL? ___ Apprenticeship ___ Career Program ___ Military ___ Community College Associate
 ___ Community College to 4-Year School Transfer ___ 4-Year College Directly ___ Employment Directly
 CAREER INTERESTS ___ Medical/Health ___ STEM ___ Liberal Arts ___ Education ___ Fine Arts ___ Other
 STUDENT'S SAT OR ACT SCORES _____ APPROXIMATE GPA _____
 ___ FSA ID COMPLETE ___ PARENT FSA ID COMPLETE ___ FAFSA SUBMITTED EFC: _____