

# IMPACT

## Program Application



Date \_\_\_\_\_

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student ID Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Local/Cellular Phone \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Permanent Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

|                                                                    |                                                   |                                                    |                                                  |
|--------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Male                                      | <input type="checkbox"/> Single                   | <input type="checkbox"/> U.S. Citizen              | <input type="checkbox"/> American Indian/Alaskan |
| <input type="checkbox"/> Female                                    | <input type="checkbox"/> Married                  | <input type="checkbox"/> Permanent Resident        | <input type="checkbox"/> Asian                   |
|                                                                    |                                                   | <input type="checkbox"/> Refugee                   | <input type="checkbox"/> Black/African American  |
| When was (or will be) your first semester at Cowley College? _____ |                                                   |                                                    | <input type="checkbox"/> Hispanic/Latino         |
| (Please mark one on each line below)                               |                                                   |                                                    | <input type="checkbox"/> Caucasian/White         |
| <input type="checkbox"/> Full-time student (12+ hours)             | <input type="checkbox"/> Part-time student        | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Day Student                               | <input type="checkbox"/> Evening Student          | <input type="checkbox"/> More than one race        |                                                  |
| <input type="checkbox"/> Attend Main Campus                        | <input type="checkbox"/> Attend Northern Campuses |                                                    |                                                  |
| Declared Major _____                                               | Total credit hours earned _____                   |                                                    |                                                  |
| Declared Career Choice _____                                       |                                                   |                                                    |                                                  |
| Undecided _____                                                    |                                                   |                                                    |                                                  |

Did you apply for financial aid for the current school year (FAFSA)? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of financial assistance are you receiving?

Scholarship       Pell Grant       Loan  
 Veteran's       Other       No assistance

What is the highest level of education COMPLETED by the parent(s) you grew up with?

|        | Grade School | High School | 2-Year College | 4-year College | Beyond 4-year |
|--------|--------------|-------------|----------------|----------------|---------------|
| Mother | _____        | _____       | _____          | _____          | _____         |
| Father | _____        | _____       | _____          | _____          | _____         |

Have you ever participated in any other TRIO programs in middle school, high school or college?

Talent Search Program       Upward Bound  
 Educational Opportunity Center       Student Support Services

Please identify and describe any disability you have \_\_\_\_\_

What services have you received to accommodate this disability? \_\_\_\_\_

*NOTE: Documentation of your disability is required. Disability documentation for any Cowley College IMPACT student is retained in confidential files in the IMPACT or ADA office.*

|                                                                              |                                      |                              |
|------------------------------------------------------------------------------|--------------------------------------|------------------------------|
| High School Attended _____                                                   | City _____                           | State _____                  |
| Did you graduate? _____ Yes                                                  | Highest grade completed _____        | Do you have a GED? _____ Yes |
| _____ No                                                                     | High School GPA _____                | _____ No                     |
| Did you take the ACT? _____                                                  | What was your composite score? _____ |                              |
| What schools other than Cowley College have you attended BEYOND high school? |                                      |                              |
| School Name/Location                                                         | Year Began                           | Year Ended                   |
| _____                                                                        | _____                                | _____                        |

Check all of the following services that may interest and/or benefit you:

**Counseling**

- \_\_\_\_\_ Academic Advising/Degree Planning
- \_\_\_\_\_ Financial Aid Application Assistance
- \_\_\_\_\_ Career counseling
- \_\_\_\_\_ Career/Interest Testing
- \_\_\_\_\_ Personal Counseling
- \_\_\_\_\_ Peer Mentoring

**Transfer Planning**

- \_\_\_\_\_ College Information
- \_\_\_\_\_ College Application Assistance
- \_\_\_\_\_ College Visits
- \_\_\_\_\_ Scholarships

**Academic Support/Instruction**

- \_\_\_\_\_ Tutoring in:
- \_\_\_\_\_ Writing
- \_\_\_\_\_ Reading
- \_\_\_\_\_ Math
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Computer Access
- \_\_\_\_\_ Resume Writing/Interview Skills
- \_\_\_\_\_ Smaller Class Size

**Workshops**

- \_\_\_\_\_ Overcoming Test Anxiety
- \_\_\_\_\_ Note-taking Tips
- \_\_\_\_\_ Getting Organized
- \_\_\_\_\_ Stress Management
- \_\_\_\_\_ Using the Graphing Calculator
- \_\_\_\_\_ Writing an Effective Paper
- \_\_\_\_\_ Time Management
- \_\_\_\_\_ Money Management

What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply)

- |                                |                                    |                                    |
|--------------------------------|------------------------------------|------------------------------------|
| _____ Poor study habits        | _____ Bad grades                   | _____ Family medical problems      |
| _____ Lack of money            | _____ Take things too seriously    | _____ Separation or divorce        |
| _____ Taking the wrong classes | _____ Problems at home             | _____ No close friends at CCCC     |
| _____ Always feeling tired     | _____ Trouble sleeping             | _____ Recurring health concerns    |
| _____ Always worrying          | _____ Afraid to speak in class     | _____ Alcohol and/or drug problems |
| _____ Too shy                  | _____ Feeling depressed or sad     | _____ No support from              |
| _____ Easily distracted        | _____ Dealing with bill collectors | family/friends                     |

An important part of the application process for the IMPACT Program includes the following essays. Your ability to write or express yourself is NOT of concern for application purposes. Your answers will be used to determine the level of your commitment to the program and assist us in providing you with the highest level of personalized service.

How did you hear about the IMPACT program? \_\_\_\_\_

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Explain your reasons for applying to the IMPACT program. \_\_\_\_\_

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Complete the following sentences to identify your **long-term goals**. These might relate to school, work, family, living arrangements, personal health, and/or financial status.

In 5 years, I want to be:

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Complete the following sentences to identify your **short-term goals**. These should relate specifically to the long-term goals you identified above. How are you going to achieve your long-term goals?

Academic Goal – This might address improving or maintaining your GPA, choosing and following a degree plan, and/or transferring to a 4-year institution.

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Career/Work Goal – This might address selecting a career goal, getting a part-time job while attending school, getting a new/better job, reducing your work hours to dedicate more time to school, getting an internship, job-shadowing a career and/or applying for work-study on campus.

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Personal/Other Goals – This might address goals such as improving your financial life, dedicating more time to family, children, spouse, becoming involved in social activities, groups, programs, improving your spiritual life, and/or attaining other personal milestones.

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## Student Publicity Release

I agree that if I am accepted into the IMPACT program, the staff may include my name and/or picture in publications, including their website. The website highlights student accomplishments and participation in campus and IMPACT activities.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release of Information

I certify that the information I have provided on this application is, to the best of my knowledge, complete and accurate. Furthermore, I understand that by applying for the IMPACT program, I authorize IMPACT Program staff to obtain records or data pertinent to my participation from other sources, and to release information to the United States Department of Education, TRIO programs. The IMPACT program staff also has my permission to communicate verbally or otherwise with staff, faculty, and/or off-campus professionals on my behalf.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

| Student Support Services Selection Criteria Point System |          |          |                     |        |
|----------------------------------------------------------|----------|----------|---------------------|--------|
| Criterion                                                | 3 Points | 2 Points | 1 Point             | Points |
| Low Income (LI)                                          |          | X        |                     |        |
| First Generation (FG)                                    |          | X        |                     |        |
| Disabled (D)                                             |          | X        |                     |        |
| LI/FG/D                                                  | X        |          |                     |        |
| LI and FG                                                | X        |          |                     |        |
| LI and D                                                 | X        |          |                     |        |
| ACT below 18                                             |          |          | X                   |        |
| ACT below 16                                             |          | X        |                     |        |
| ACT below 14                                             | X        |          |                     |        |
| ACT Above 18                                             |          |          | X                   |        |
| High School GPA below 2.5                                |          | X        |                     |        |
| High School GPA below 2.0                                | X        |          |                     |        |
| High School GPA above 2.5                                |          |          | X                   |        |
| COMPASS Math below minimum                               | X        |          |                     |        |
| COMPASS Reading below minimum                            | X        |          |                     |        |
| COMPASS Writing below minimum                            | X        |          |                     |        |
| College GPA below 2.5                                    |          | X        |                     |        |
| College GPA below 2.0                                    | X        |          |                     |        |
| College GPA above 2.5                                    |          |          | X                   |        |
| On Academic Probation                                    |          | X        |                     |        |
| Choice of Major Not Selected                             |          |          | X                   |        |
| Choice of Career Not Selected                            |          |          | X                   |        |
| Student's Self Assessment                                | X        |          |                     |        |
| Intake Interview                                         | X        |          |                     |        |
|                                                          |          |          | <b>Total Points</b> |        |