



IMPACT Program Application

Student Information

***Student ID#:** - _____

* First Name: _____

* Last Name: _____

* Date of Birth: _____
Month/Date/Year

Dorm Room: _____

* Mailing Address: _____

* City: _____

* State: _____

* Zip Code: _____

* Cell Phone: _____

Home Phone: _____

* Male Female

* U.S. Citizen Permanent Resident Refugee

Ethnicity- Please Select All That Apply

American Indian/Alaskan

Asian

Black/African American

Hispanic/Latino

Caucasian/White

Hawaiian/Pacific Islander

IMPACT/ TRiO Program Questions

Has your mother received/earned a bachelor's degree (completed all 4 Year): Yes No Don't Know

Has your father received/earned a bachelor's degree (completed all 4 Year): Yes No Don't Know

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

Prior School Information

High School Attended: _____ City: _____ State: _____

Did you graduate: Yes No If **YES**, date graduated: _____

If NO, What is your anticipated date: _____

Did you receive your GED: Yes No N/A If **YES**, date completed: _____

Did you take the ACT: Yes No N/A

If **YES**, what was your composite score: _____

Have you attended any other colleges/academies/tech schools after high school: Yes No

If you answered **YES** to the previous question, please provide addition information below:

School Name: _____ Year Started: _____ Year Ended: _____

Student or Future Student Status

Full Time (12+ hours per semester) Part Time (Less than 12 hours per semester)

Campus Preference

Arkansas City Mulvane Wellington Wichita Downtown

When was **OR** will be your first semester at Cowley College? Semester: Fall Spring Year: _____

Have you taken **any** Cowley College classes **BEFORE** applying for our program? Yes or No

Declared or Preferred Major: _____ (Please Write your Major)

Declared Career Choice: _____

OR

Undecided

What is the highest degree you would like to receive (Pick one):

Associate (2 years) Bachelors (4 years)

Masters (4 years + 2 years of grad classes) Doctoral (anything above a masters)

Please identify and describe any documented disability you may have: _____

What services, in the past have you received to accommodate your documented disability: _____

****Note: Documentation of your disability must be given to Cowley IMPACT. This information is retained in confidential files and only used by the IMPACT or ADA offices.**

Check all of the service 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 Visit
- Scholarship

Academic Support/Instruction

- Math Tutoring
- Reading Tutoring
- Writing/Composition Tutoring
- Computer Applications
- Resume or Interview Assistance
- Other Classes:
- Time Management

Workshops

- Overcoming Test Anxiety
- Note-taking Tips
- Help Getting Organized
- Stress Management
- How to use a Graphing Calculator
- How to Write an Effective Paper
- Money Management

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Poor Study Habits | <input type="checkbox"/> Bad Grades | <input type="checkbox"/> Family Medical Problems |
| <input type="checkbox"/> Lack of Money | <input type="checkbox"/> Taking Things Too Seriously | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Taking the Wrong Classes | <input type="checkbox"/> Problems at Home | <input type="checkbox"/> No Friends at Cowley |
| <input type="checkbox"/> Always Feeling Tired | <input type="checkbox"/> Trouble Sleeping | <input type="checkbox"/> Recurring Health Concerns |
| <input type="checkbox"/> Always Worrying | <input type="checkbox"/> Afraid to Speak Up in Class | <input type="checkbox"/> Alcohol and/or Drug Issues |
| <input type="checkbox"/> Being Shy | <input type="checkbox"/> Feeling Depressed or Sad | <input type="checkbox"/> No Support from Family |
| <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Dealing with Bill Collectors | <input type="checkbox"/> Friends |

Additional Questions for the IMPACT/TRiO Program

****Note:** Your ability to write and express yourself is NOT a concern for the application process. 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 service.

How did you hear about the IMPACT program? _____

Explain the reason(s) why you are applying for the IMPACT/TRiO program: _____

If you had to describe yourself in only three words, what would they be:

1) _____ 2) _____ 3) _____

** Complete the following sentence below to identify your **Long-term goals**. These may be related to but are not limited to: school, work, family, living arrangements, personal health and/or financial situation

In five years, I want to be: _____

** Complete the following sentence below to identify your **Short-term goals**. These need to be related to your long-term goals identified in the last question. What are you going to do right now so you can achieve your long-term goals?

Academic Goal(s) - This may address but is not limited to improving/maintaining your current GPA, choose a 4-year college and following their degree plan and/or transferring onto a 4-year College. _____

Career/Work Goal(s) - This may address but is not limited to selecting your career goals, getting a part-time job while attending college, help finding a new/better job, reducing your work hours to dedicate more time on school, help in finding an internship, job shadowing opportunities or help applying for a work-study job on campus. _____

* **If you plan on working during school, how many hours a week would you work:** _____

Personal/Other Goal(s)- This may address but is not limited to improving financial life, dedicating more time to family, children, spouse, becoming more involved in social activities, college groups, on-campus programs, improving your spiritual life and/or attaining other personal milestones. _____

Student Publicity Release

I agree that if I am accepted into the IMPACT/TRiO program, the staff may include my name and/or picture in publications, including but is not limited to the IMPACT websites. The websites are used to highlight student accomplishments and participation in campus and IMPACT/TRiO activities.

Signature: _____ Date: _____

Release of Information

I certify that the information that 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/TRiO program, I authorize the program staff to obtain records or pertinent data that is necessary for this program. The program is a federal grant program and some of our records may be released to the United States Department of Education or TRiO programs. The IMPACT/TRiO staff also has my permission to communicate verbally or otherwise with staff, faculty and/or off-campus professionals on my behalf.

Signature: _____ Date: _____