



Student Application Intake Form

Mark an 'X' in the box: SEMESTER: FALL [] SPRING [] SUM I [] SUM II []
APPLYING FOR: Textbook Lending [] Childcare Reimbursement [] Community Resource Referrals []
Emergency Loan [] S.U.R.G.E [] Counseling/ Advising []
HAVE YOU USED OUR SERVICES BEFORE? Yes [] No [] If yes, what service? _____

ECC STUDENT INFORMATION:

Name: _____ Student Id Number: _____
Address: _____ City, State, Zip: _____
Home Ph.: _____ Cell Ph.: _____ Work Ph.: _____
Email Address: _____ DOB: _____
Major: _____ Hours Currently Enrolled: _____ CR [] CE []
Highest Education Level Completed: _____
Education is funded by: TWC [] TRC [] Scholarships []
Grants (Pell) [] Loans [] Other []

Ethnicity: African Amer. [] Status: Single, Widowed, or Divorced []
Caucasian [] Married []
Latino [] Separated []
Other: _____ Displaced Homemaker []

NEAREST RELATIVE INFORMATION:

1. Name: _____ Relation: _____ Ph #: _____
2. Name: _____ Relation: _____ Ph #: _____

DEPENDENT INFORMATION:

(Must be your children and living in your household)
1. Name: _____ DOB: _____
2. Name: _____ DOB: _____
3. Name: _____ DOB: _____

EMPLOYMENT STATUS: FT [] PT [] TEMP/SEASONAL [] UNEMPLOYED []

EMPLOYER INFORMATION:

(Required by all Emergency Loan applicants)
Name: _____ Ph #: _____
Address: _____
Supervisor's Name: _____ Ph # (if different): _____
May we contact your employer: YES [] NO []

Mark an "X" in the box for all that apply:
1. Are you the head of your household? []
2. Are you receiving/paying child support? []
3. Are your bills more than your household income? []
4. Are you/will you be a single parent? []
5. Do you receive SSA or SSI? []
6. Do you receive Welfare Benefits? []

I certify that all the information on this application is correct to the best of my knowledge. Providing false information could result in termination from this program.

Signature: _____ Date: _____

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