

Student Qualification Questionnaire

Last Name: _____ First Name: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Date Of Birth: ____/____/____

School Attending: _____ Counselor: _____

GPA _____ SAT _____ ACT _____ Class Rank _____ Class Of _____

Scholastic Awards and Achievements _____

Fields Of Interest _____

Preferred Colleges _____

Jobs _____ Sports _____

Community Service _____

Father's Full Name _____ Email _____

Mother's Full Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Daytime Phone (____) _____

Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

Number Of Dependent Children _____ Ages _____

Names _____

Available Funds For College Costs (Savings, Mutual Funds, CD's, Etc.)

Do You Need Assistance In Funding The Balance? _____ What % _____

Interviewer _____ Date _____

Comments: _____

Fax completed form to (888)743-4731 – Email: Info@powt.org