



All information on this document is strictly confidential.



Plan of Action for Challenging Times, Inc. College Advising Program Application

635 Divisadero Street, San Francisco, CA 94117

Phone (415) 922-2550 Fax (415) 922-6305

STUDENT INFORMATION:

Student's Name _____ S.S. Number _____
Male Female Age _____ Date of Birth _____ Ethnicity _____
Phone _____ Cell _____ E-mail _____
Address _____ City/State/Zip _____
How did you find out about PACT? _____
Student's School _____ Grade Level _____ GPA _____
Student's Citizenship Status (Please check correct box)
U.S. Citizen Legal Permanent Resident _____
Student lives with: Mother Father Both Guardian
Is the student a ward of the court? (Group Home/Foster Care): Yes No

PARENT INFORMATION:

Name _____ Parent Status: Single Married Separated Divorced
Work Phone _____ Cell Phone _____ E-mail _____
Did either parent receive a Bachelor's Degree (4-year college degree)? Yes No
If yes, from which university? _____

Family Income (Yearly): _____
Source of family income: Employment TANF SSI Unemployment Disability Other
Number of People in Household _____

I authorize PACT, Inc. to obtain copies of my child's report cards, transcripts and test scores to provide him/her/myself with academic advising. I hereby give permission for images of my child/self, captured during Tutorial and/or College Advising events through video, photo and digital camera, to be used solely for the purposes of PACT, Inc. promotional materials (e.g., brochures, newsletters) and waive any rights of compensation or ownership thereto.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Required if student is under 18 years of age)

For Staff Use Only:
Recommended by (Staff Signature): _____
Date: _____
Accepted by: _____
Date: _____



Plan of Action for Challenging Times, Inc.
Student Needs Assessment



Printed Name (First, Last) _____

I attest to the accuracy of the information on this sheet. I realize that I need to meet at least three times per school year with my Educational Advisor in order to benefit from the program services.

Student Signature _____

Date _____

EDUCATIONAL GOAL

Which goal best describes your present plan after graduating from high school? (Please check one):

- To attend a community college & earn an AA/AS Degree
To complete a technical/vocational program
To attend community college & transfer to a 4-year university
To work full-time
To attend a 4-year college & earn a BA/BS Degree
To enter the military service
Undecided

STUDENT NEEDS ASSESSMENT

Please check the service you feel you need (check all that apply):

- College Admissions Advising
Financial Aid Advising
College Campus Visit
Career Exploration
SAT/ACT Information
Scholarship Information
Leadership Development Workshops
SAT Preparation Workshop
Essay Writing Skills

COLLEGE SURVEY

A. Name 2 majors/careers you would be interested in: 1) _____ 2) _____

B. What colleges would you be interested in applying to? (Check all that apply):

UC: Berkeley Davis Irvine LA Merced Riverside Santa Barbara Santa Cruz San Diego

CSU: SFSU SJSU East Bay Sacramento Cal Poly SLO San Diego Sonoma

CC: City College of San Francisco Skyline College College of San Mateo Laney College Diablo Valley College

Private: USF University of the Pacific Santa Clara University Dominican University St. Mary's College

Other: a) _____ b) _____ c) _____

C. How did you learn about PACT, Inc? Presentation Teacher Counselor Friend

School Announcement Other, specify: _____