



CONFIDENTIAL

I. If you previously completed this form, please complete section I only.

Full Name _____ Student ID _____

Phone Number _____ Cell Number _____

JJC E-mail Address _____ Alternate E-mail Address _____

Mailing address _____

City _____ State _____ Zip _____ Gender Male Female

Date of Birth _____ Country of Birth _____

II. Please answer the following questions:

1. Is this your first visit to OMSA? Yes No
2. Year graduated from HS _____ GED _____
3. HS Name _____ HS Location _____
4. Ethnicity _____
5. Intended Major _____
6. Semester/Year you first enrolled in classes at JJC _____/_____
7. Has anyone in your immediate family graduated from college? Yes No
8. Are you the first person in your immediate family to attend college? Yes No
9. Have you been issued a social security number? Yes No
10. Have you completed the Federal Application for Student Aid (FAFSA) for this academic year? Yes No
11. Were you awarded federal financial aid for this year? Yes No
12. Are you an international student? Yes No

For Office Use Only

Staff Member Name _____ Ext. _____

Action Taken _____

Referred To (if applicable): _____

Office _____ Ext. _____