



Eastern New Mexico University - Roswell

Student Outreach Programs • Educational Talent Search • College Preparatory Program

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Telephone: (____) _____

Check one: Cell Phone ____ Home ____ Work ____ Check one: Cell Phone ____ Home ____ Work ____

Social Security #: _____ Student ID: _____

Date of Birth: _____ Age: _____ Gender: Male ____ Female ____

School Attending: _____ Grade: _____

Where will you be attending High School? _____ Expected Graduation Date: _____

Parent (1) Name: _____ Parent (2) Name: _____

Parent/Guardian living with: _____

| |
|---|
| Parent(s)/Guardian(s) educational level: Father, HS graduate? Y ____ N ____ Mother, HS graduate? Y ____ N ____ Bachelor's Degree (4 yr.)? Father Y ____ N ____ Bachelor's Degree (4 yr.)? Mother Y ____ N ____ |
|---|

U.S. citizen: Y ____ N ____ If no, are you a legal resident? Y ____ N ____ Card Number: _____

Net yearly income: _____ Number of people in household: _____

Are your parents/guardians: Married? Y ____ N ____ Divorced? Y ____ N ____ Separated? Y ____ N ____ Never Married? Y ____ N ____

| |
|--|
| Ethnicity: Hispanic ____ White ____ Black ____ American Indian ____ Asian ____ Other ____ |
|--|

Are you enrolled in any of the following: Honor/ AP classes? _____ Concurrent/ Dual enrollment college courses? _____

Does your family receive any of the following?

| | | | | |
|---|---|---|--|-----------------------------------|
| <input type="checkbox"/> Supplemental (SSI) Security Income | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, EBT/Foodstamps) | <input type="checkbox"/> Temp. Assistance for Needy Families (TANF) | <input type="checkbox"/> Free/Reduced Priced Lunch | <input type="checkbox"/> Medicaid |
|---|---|---|--|-----------------------------------|

What have you thought about doing after high school graduation? Is there a particular career or college you are interested in?

What is your Grade Point Average (GPA)? _____ Student E-mail Address: _____

Parent E-mail Address: _____

I would like information and/or assistance in the following areas:

| | |
|---|--|
| <input type="checkbox"/> Tutoring/Study Skills | <input type="checkbox"/> ACT/SAT Preparation |
| <input type="checkbox"/> College Information/Admissions | <input type="checkbox"/> Career Information |
| <input type="checkbox"/> Financial Aid/Scholarships | <input type="checkbox"/> Other _____ |

I certify that the information in this application is true, complete, and correct to the best of my knowledge. All information contained here is strictly confidential and is used for reporting purposes only for the U.S. Department of Education. I give permission to release information pertaining to my academic school records.

Student's Signature: _____ Date: _____

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