

# Fisk University LEAD Program for Student Support Services

## PARTICIPANT APPLICATION

### PERSONAL INFORMATION

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Dorm & Room # / Local Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(No./Street/City/State/Zip)

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

What is your Facebook and/or Twitter user name? \_\_\_\_\_

Gender:  Male  Female

I am a citizen, national or permanent resident of the U.S.  Yes  No

Number of family members in the household (including yourself) \_\_\_\_\_

Is the head of the household currently employed?  Yes  No Hours per week: \_\_\_\_\_

What is the adjusted gross income for household during the past year? \$ \_\_\_\_\_

Are you a Financial Aid recipient?  Yes  No

Do you have a documented disability?  Yes  No (If yes, please discuss the details with your counselor)

Physical Disability  Emotional  Learning Disability

Are you a client of Vocational Rehabilitation Services?  Yes  No

If yes, what is the name of your counselor? \_\_\_\_\_

### ETHNIC BACKGROUND (check all that are applicable)

American Indian or Alaskan Native  Asian  Black  White  
 Hispanic or Latino  Native Hawaiian or Pacific Islander  Other

### EDUCATIONAL BACKGROUND

Name of High School: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Date GED Received: \_\_\_\_\_

Degree Goal:  Bachelor  Master's Degree  PhD  Teaching Certificate

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Classification:  freshman  sophomore  junior  senior  non-degree seeking

Attended another college or university for credit?  Yes  No

If yes, when and where? \_\_\_\_\_

If you transferred from another institution, what was your GPA at that institution? \_\_\_\_\_

ACT Scores \_\_\_\_\_ or SAT Scores \_\_\_\_\_ High School GPA \_\_\_\_\_

Has either parent/guardian graduated from a 4-year college (Bachelors degree)?

Mother  Yes  No Father  Yes  No

Are you an Upward Bound or Academic Talent Search alumni?  Yes  No

What is your cumulative Fisk University GPA? \_\_\_\_\_ Not Applicable \_\_\_\_\_

Fisk University enrollment date: \_\_\_\_\_

### Self Analysis

Please check all categories that apply to you as reasons for admission into the L.E.A.D. Program:

\_\_\_\_\_ First Generation Student \_\_\_\_\_ Disability  
\_\_\_\_\_ Low to moderate in-come \_\_\_\_\_ Out of school for 5 years or more  
\_\_\_\_\_ Academic need as defined by TRIO SSS

I hereby certify that the above information is true and correct to the best of my knowledge. I further authorize the L.E.A.D. Program to receive copies of my entire academic and financial aid records, including transcripts, grade reports, financial aid eligibility and other information pertaining to my enrollment in the L.E.A.D. Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE! THIS SPACE IS FOR OFFICE USE ONLY!**

**Program Entry Date:** \_\_\_\_\_ **Eligibility:** 1—EF 2—E 3—F 4—ED

**Academic Need:** 1-HSGPA 2-SAT, verbal  
3- SAT math 4 -ACT 5 -Predict. Indicator  
6-Diag. Tests 7-C. GPA 8 - HS equiv.  
9-Fail. Grades 10-Adult 11-Multi 12-Other

**Financial need** \$ \_\_\_\_\_ **Amount met** \$ \_\_\_\_\_

If need not met, why? 1-Refused loan 2 - Insufficient federal aid 3- Insufficient work study  
4 - Insufficient institutional aid 5 - Inadequate academic progress 6- Refused work-study  
7- Not full time 8- Not eligible

**Enroll. Status:**

- 1- 1<sup>st</sup> yr. Never attended
- 2- 1<sup>st</sup> yr. Attended before
- 3- 2<sup>nd</sup> yr. Sophomore
- 4- 3<sup>rd</sup> yr. Junior
- 5- 4<sup>th</sup> yr. Senior
- 6- 5<sup>th</sup> yr. Other undergraduate