



**\*ATTACH TO STUDENT SURVEY- TO BE FILLED OUT BY MENTOR OR EDUCATE TOMORROW**

**Student's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Mentor's First Name:** \_\_\_\_\_ **Mentor's Last Name** \_\_\_\_\_

**Date Assigned Mentor:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Foster Status** (adjudicated dependent, dependent {grandparents, parents} independent adult, date place in foster care, total time spent in licensed foster care) If not adjudicated dependent but in foster care, contact Educate Tomorrow for attorney referral.

Explain:

**Case Worker Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**What Network is the case worker affiliated with, DCF, CHARLEE, Children's Home Society, etc?**

**Guardian Contact Info: Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Number of Siblings** \_\_\_\_\_ **What are their Names and Ages:**

**Is the student in contact with their parents?** YES NO  
**Are they able to obtain a W-2 form from Parents for financial aid forms?** YES NO

**Ethnicity** (Circle One): African American/Black, Native American, Asian American, Asian including Indian Subcontinent, Hispanic/Latino, Mexican, American/ Chicano, Native Hawaiian/Pacific Islander, Puerto Rican, White/Caucasian, Other \_\_\_\_\_

**DOCUMENTATION THEY HAVE**

- |                                     |  |
|-------------------------------------|--|
| 1__ Soc Sec Card                    | 8__ Sibling Whereabouts                  |
| 2__ Copy of Birth Certificate       | 9__ Voter Registration                   |
| 3__ Death Certificate of Parent     | 10__ Selective Service Registration      |
| 4__ Placement History               | 11__ Proof of Citizenship                |
| 5__ Copy of Medical History         | 12__ Whereabouts of Relatives            |
| 6__ Copy of Educational Records     | 13__ Driver License/State Identification |
| 7__ Prescription refill information | 14__ Exit Interview Conducted            |

**INDEPENDENT LIVING SERVICES**

IS THE STUDENT ENROLLED IN INDEPENDENT LIVING SERVICES? YES NO

IS THE STUDENT ELIGIBLE FOR THE ROAD TO INDEPENDENCE SCHOLARSHIP? YES NO

WAS THE STUDENT ADVISED ON OPTIONS UPON TURNING 18 YES NO

**EDUCATION INFORMATION**

Do they speak proficient English? YES NO TOEFEL Score? \_\_\_\_\_

List their extracurricular involvement, disability issues or other advantages or disadvantages that may enhance or limit scholarship opportunities:

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Does the student have an interest in a particular field of study or vocational skill he/she would like to pursue? List:

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Does the student have an interest in a particular region or country they would like to study? List:

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CURRENT GRADE LEVEL \_\_\_\_\_ CURRENT G.P.A. \_\_\_\_\_

DID THEY PASS THE FCAT \_\_\_\_\_

IF TAKEN: SAT SCORE \_\_\_\_\_ ACT SCORE \_\_\_\_\_

EDUCATIONAL GOAL \_\_\_\_\_

Do they have available internet access? \_\_\_\_\_ Location \_\_\_\_\_

How often would they check email? \_\_\_\_\_

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**LIVING ARRANGEMENTS**

HOW MANY FOSTER HOMES HAVE YOU LIVED IN? \_\_\_\_\_

DO YOU WANT TO LIVE ON YOUR OWN? \_\_\_\_\_

IF YOU HAD A CHOICE WHAT KIND OF PLACE WOULD YOU LIVE IN?

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IF THEY ARE NOT 18 WHERE DO YOU PLAN TO LIVE WHEN YOU TURN 18?

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IF THEY KNOW WHERE THEY ARE GOING TO LIVE PLEASE PROVIDE ADDRESS AND TELEPHONE NUMBER:

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**FINANCIAL SUPPORT**

HOW WILL THEY SUPPORT THEMSELVES ONCE THEY TURN 18 YEARS OLD.

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JOB- WAGES PER MONTH	\$ _____
ROAD TO INDEPENDENCE SCHOLARSHIP	\$ _____
TRANSITIONAL SCHOLARSHIP	\$ _____
OTHER SCHOLARSHIPS (please list)	\$ _____
RELATIVES	\$ _____
FRIENDS	\$ _____

**BANK/SAVINGS AND LOAN TRUST ACCOUNT**

SAVINGS ACCOUNT	YES	NO
CHECKING ACCOUNT	YES	NO

HAS A SOCIAL SECURITY TRUST FUND WAIVER BEEN APPLIED FOR?  
(If the parents are deceased they may be eligible to receive SS benefits)

YES NO

**MEDICAL**

DO YOU HAVE MEDICAL INSURANCE? YES NO  
IF NO, DID CASEWORKER ASSIST IN APPLYING FOR MEDICAID? YES NO

DATE OF LAST PHYSICAL EXAM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF LAST DENTAL EXAM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CLOTHING**

DO THEY HAVE AND DID THEIR CASEWORKER VERIFY THAT YOU HAD AT LEAST FIVE APPROPROATE CHANGES OF EACH TYPE OF CLOTHES.  
(Call Educate Tomorrow for furniture and clothes referrals)

WORK  
CASUAL  
FORMAL

**ADDITIONAL INFORMATION**

ARE YOU PREGNANT?	YES	NO
DID YOU DELIVER OR FATHER ANY CHILDREN?	YES	NO

If yes, how many children do you have? \_\_\_\_\_

