



Student Survey

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Age: _____ Grade: _____

SSN: _____ Sex: _____ Ethnicity: _____

Street Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Current High School or other school you are attending: _____

CAP Advisor: _____ JCC: _____

Women of Tomorrow / 5000 Role Models Contact: _____

Do you have a mentor, a Guardian ad Litem, or an attorney? YES NO
 If yes what is their Name, Phone Number and/or email address?

Do you know your case worker?: YES NO
 If yes, what is their **Name, Phone Number** and **Service Agency**?

(Agency)	(Worker Name)	(Worker Number)
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Would you like an Educate Tomorrow mentor?	YES	NO
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Do we have permission to have your College Admissions Program (CAP) advisor contact you?	YES	NO
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Do you live in a foster care home?	YES	NO
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Do you live with a relative?	YES	NO
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Is there someone in your life that can help you achieve your goals? What is their name and phone number?	YES	NO
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Are you receiving the Road to Independence Scholarship?	YES	NO
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Please sign here if you give Educate Tomorrow permission to contact your College Admissions Counselor, a Trust Counselor or someone who is able to assist you

Signature: _____ Date: _____