

Check the school you plan to attend:



Date:	
SID:	

OPPORTUNITY GRANT QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential

Name (Last, First, M.I.): _____	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____
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Marital status: Single Partnered Married Separated Divorced Widowed

Pathway: _____ Certificate or Degree Desired: _____

CLARIFICATION OF ELIGIBILITY

How did you hear about the grant? Counselor Financial Aid Office Brochure Friend Teacher School Web Site Other

1. Country of origin _____ Native Language _____ Years living in USA _____

2. Have you lived in Washington for more than one year? Yes No

3. Are you first-generation college student? Yes No

4. How many in your immediate family? _____ Do you live at Home Yes No

5. Have you attended college before? Yes No Where? _____

What area(s) were you studying? _____ Did you obtain a Degree? Yes No

6. What career pathway are you interested in? _____

7. What are your educational goals? _____

8. Have you met with a counselor or academic advisor? Yes No Name: _____

9. What made you decide to attend Seattle Central Community College? _____

10. What challenges do you believe you will face attending college? _____

11. What classes are you currently or will be taking that you anticipate difficulty with? _____

12. Do you have any learning disabilities Yes No Explain: _____

13. What kind of student would you say you are in terms of academic performance? _____

a. What are your strengths? _____

b. What are your weaknesses? _____

14. How did you relate to instructors at high school or previous college? _____

15. If you need a tutor, how can they make things easier for you? _____

16. How does your family/support system feel about you attending college? _____

17. What outside responsibilities do you have? job(s) Family Explain: _____

18. Can you think of anything that might interrupt or keep you from attending or completing your registered classes? Yes No

Explain: _____

19. What resources are you using to pay for college? _____

20. Why are you interested in the Opportunity Grant? _____

EDUCATIONAL/EMPLOYMENT PLAN

Where I am now		Where I want to be	
Where I work		My desired career	
What do I do		Rate of pay in my chosen career	
My current rate of pay		Hours/week I want to work	
Hours/Week I work		Required education for my chosen career	
My current educational level		Certificate desired	
Degree/Certificates/No. of credits earned		Degree desired	

WHAT IS REQUIRED FOR ME TO MOVE FROM MY CURRENT WORK STATUS TO MY CHOSEN CAREER?

Money Education Tutoring Transportation Time Childcare Other _____

Explain each item checked above: _____

What do I think may keep me from reaching my career goal? _____

What am I willing to do to reach my chosen career? _____

What college program/courses do I plan to take? _____

RETURN COMPLETED FORM AND REQUIRED INFORMATION TO:

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