



Date:	
SID:	

Check the school you plan to attend:

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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Pathway: _____	Certificate or Degree Desired: _____
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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 with parents? Yes No Do you have children? Yes No
 How many children under the age of 5? _____ How many in grads K-6th grade? _____ How many are in daycare? _____
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:

Mrs. Barbara Coston
Seattle Central Community College
1701 Broadway, 2BE4177
Seattle, WA. 98122
Office: (206) 934- 6310
Fax: (206) 344-4390

Mrs. Tessie Gomez
Seattle Vocational Institute
2120 South Jackson Street
Seattle, WA. 98144
Office: (206) 934-4963
Fax: (206) 934-4939

REFER ALL QUESTIONS REGARDING APPROVALS TO:

Joel Camacho
Opportunity Grant Coordinator
Seattle Central Community College
& Seattle Vocational Institute
jcamacho@sccd.ctc.edu

CONFIDENTIAL