



IMPACT Program Application

Student Information

***Student ID#:** - _____

* First Name: _____

* Last Name: _____

* Date of Birth: _____
Month / Date / Year

* Address: _____

* City: _____

* State: _____

* Zip Code: _____

* Cell Phone: _____

Home Phone: _____

* Male Female Nonbinary or another gender No response/Unknown

* U.S. Citizen Permanent Resident Refugee

Personal Email: _____

Cowley Email: _____

Ethnicity

American Indian/ Alaskan

Asian

Black/ African American

Hispanic/ Latino

Caucasian/ White

Hawaiian / Pacific Islander

Other Please Explain: _____

IMPACT/ TRiO Program Questions

Has your mother received/ earned a Bachelor's Degree (completed all 4 Year): Yes No Don't Know

Has your father received/ earned a Bachelor's Degree (completed all 4 Year): Yes No Don't Know

Have you ever participated in any other TRiO programs in middle school, high school or college?

Talent Search Program

Upward Bound

Educational Opportunity Center

Students Support Services

Please identify and describe any Documented Disability you may have: _____

What services, in the past have you received to accommodate your Documented Disability: _____

****Note: Documentation of your disability must be given to Cowley IMPACT. This information is retained in confidential files and only used by the IMPACT or ADA offices.**

Prior School Information

High School Attended: _____ City: _____ State: _____

Did you graduate: Yes No If YES, date graduated: _____

If NO, What is the Highest Grade Completed 9th 10th 11th

Did you receive your GED: Yes No N/A

Did you take the ACT: Yes No N/A

If yes, what was your composite Score: _____

Have you attended any other Colleges / Academy's / Tech Schools after High School: Yes No

IF you answered YES to the previous question, please provide addition information below:

School Name: _____ Year Started: _____ Year Ended: _____

Student or Future Student Status

Full Time (12+ hours per semester) Part Time (Less than 12 hours per semester)

Do you plan to continue your education beyond Cowley? If yes, please list your top 3 transfer school.

1. _____

2. _____

3. _____

Campus Preference

Arkansas City Wellington Mulvane Winfield Wichita Downtown Online Student

When was OR will be your first semester at Cowley College? **Semester:** Fall Spring Summer **Year:** _____

Have you taken **any** college classes BEFORE applying for our Program? Yes or No

IF YES, how many hours have you completed: _____

Declared or Preferred Major: _____ (Please Write your Major)

Declared Career Choice: _____

OR

Undecided

What is the Highest Degree you would like to receive (Pick one):

Associate (2 years)

Bachelors (4 years)

Masters (4 years + 2 years of Grad classes)

Doctoral (Anything above a Masters)

How did you hear about the IMPACT Program? Explain the reasons why you are applying for the IMPACT/TRiO Program?

What obstacle(s) would most likely prevent you from completing your academic goals: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Poor Study Habits | <input type="checkbox"/> Bad Grades | <input type="checkbox"/> Family Medical Problems |
| <input type="checkbox"/> Lack of Money | <input type="checkbox"/> Taking Things Too Serious | <input type="checkbox"/> Separation or Divorce |
| <input type="checkbox"/> Taking the Wrong Classes | <input type="checkbox"/> Problems at Home | <input type="checkbox"/> No Friends at Cowley |
| <input type="checkbox"/> Always Feeling Tired | <input type="checkbox"/> Trouble Sleeping | <input type="checkbox"/> Recurring Health Concerns |
| <input type="checkbox"/> Always Worrying | <input type="checkbox"/> Afraid to Speak Up in Class | <input type="checkbox"/> Alcohol &/ OR Drug Issues |
| <input type="checkbox"/> Being Shy | <input type="checkbox"/> Feeling Depressed or Sad | <input type="checkbox"/> No Support from Family |
| <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Dealing with Bill Collectors | <input type="checkbox"/> Friends |

Student Publicity Release

I agree that if I am accepted into the IMPACT / TRiO program, the staff may include my name and/ or picture in publications, including but is not limited to the IMPACT websites. The websites are used to highlight student accomplishments and participation in campus and IMPACT/ TRiO activities.

Signature: _____ Date: _____

Release of Information

I certify that the information that I have provided on this application is, to the best of my knowledge, complete and accurate. Furthermore, I understand that by applying for the IMPACT/ TRiO program, I authorize the program staff to obtain records or pertinent data that is necessary for this program. The program is a federal grant program and some of our records may be released to the United States Department of Educations or TRiO programs. The IMPACT/ TRiO staff also has my permission to communicate verbally or otherwise with staff, faculty and/or off-campus professionals on my behalf.

Signature: _____ Date: _____