

CLIENT INFORMATION FORM

Parent Information PIN _____

NAME (Last, First, MI)		PIN(√)	Social Security Number	Birth Date (MM/DD/YY)
Father				/ /
Mother				/ /
Street Address				
City		State		Zip
Telephone: Home ()		Work () Cell ()		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed MM/YY of Marriage/Divorce: _____ / _____		State of Legal Residence:		Email Address:
Father Employer Name _____ # of Years _____ Position _____		Mother Employer Name _____ # of Years _____ Position _____		Parent highest level of education: Mother _____ Father _____
Number of family members in Household: _____ College: _____		Sibling Information (continue on reverse if needed)		
Of those in college how many are parents:		Name(s) _____ _____	Birth Date(s) ____ / ____ / ____ ____ / ____ / ____	Current School(s) _____ _____

Student Information PIN _____

College Board User ID: www.CollegeBoard.com			College Board Password	
NAME (Last, First, MI)		Social Security Number	M/F	Birth Date (MM/DD/YY)
Student				/ /
Street Address				
City		State		Zip
Telephone: Home ()		E-Mail:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		State of Legal Residence:		MALE students must register for Selective Service to receive Federal Aid. <input type="checkbox"/> Register Student for Selective Service Please indicate if you allow us to
Date of High School Graduation: _____ / _____		Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Eligible: # _____ <input type="checkbox"/> Neither		
Name of High School				
Driver's License Number:				State:

<i>For Office Use Only:</i>	
Name _____	
# _____ Exp _____ / _____	

PLEASE COMPLETE INFORMATION ON REVERSE OF FORM (Page 2)
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