

## Student Qualification Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Personal Email \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Cell \_\_\_\_\_

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School Attending: \_\_\_\_\_ Counselor: \_\_\_\_\_

GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_ Class Rank \_\_\_\_\_ HS Grad YR \_\_\_\_\_

Scholastic Awards and Achievements \_\_\_\_\_

Fields of Interest \_\_\_\_\_

Preferred Colleges \_\_\_\_\_

Jobs \_\_\_\_\_ Sports \_\_\_\_\_

Community Service \_\_\_\_\_

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Father's Full Name \_\_\_\_\_ Email \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number Of Dependent Children \_\_\_\_\_ Ages \_\_\_\_\_

Names \_\_\_\_\_

Available Funds For College Costs (Savings, Mutual Funds, CD's, other.)  
\_\_\_\_\_

Interest in non-loan merit funding? \_\_\_\_\_

Volunteer Name and/or Email \_\_\_\_\_

Date \_\_\_\_\_ Comments & Recommendation: \_\_\_\_\_

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Email to: [info@edfunds.org](mailto:info@edfunds.org)

or Fax to encrypted FAX board: 888 743 4731