

Student Qualification Questionnaire

Last Name _____ First Name _____

Address _____ Email Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Student Cell _____

School Attending _____ Counselor _____

GPA _____ SAT _____ ACT _____ PSAT _____ Class of 20 _____

Scholastic Awards and Achievements _____

Fields of Interest _____

Preferred Colleges _____

Jobs _____ Sports _____

Community Service _____

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, Etc.)

Interviewed by _____ Date _____

Recommendation _____

Email your completed form to: info@powt.org Fax Toll Free: 1 888 743 4731