



Student Support Services – Applicant Interest Questionnaire

Applicant Last Name First Name Middle Name Date of Birth

Permanent Street Address Apt. City State Zip

(Area Code) Home Phone (Area Code) Cell/Pager E-mail Address

Social Security Number – IMPORTANT!

Please Answer the Following Questions:

- 1) Are you eligible to receive any of the following Federal Student Financial Aid?
2) Did either of your birth parents receive a four-year college degree in the U.S.?
3) Would you take advantage of: (check all that apply)
4) What English &/or Math class(es) will you enroll in for your first semester at SFSU?
5) Have you participated in the following support programs: (Check all that apply)

Today's Date

FOR OFFICE USE ONLY
Tax Year Requested 20
Taxable Income \$
Family Size
First Generation? Y N
Federally Eligible? Y N
Notes:



STUDENT SUPPORT SERVICES
Funded by the Department of Education at \$237,948 / year

