

STAFF USE ONLY

Student Accepted: _____
Date (mm/dd/yyyy)

Student Declined: _____
Date (mm/dd/yyyy)

Eligibility (Check all that apply):

- _____ Low Income _____ Low income/First Generation
_____ First Generation _____ Low income/ Disabilities
_____ Disability
_____ Does not meet any of the requirements

Participant Status:

- _____ Waiting list
_____ Waiting to meet w/advisor

Director Signature: _____
Date (mm/dd/yyyy)

Student Contacts:

First Notified by: _____ Talked to Student Left a voicemail Emailed **Date:** _____

Date: _____ Talked to Student Left a voicemail Emailed **Student Worker:** _____

Date: _____ Talked to Student Left a voicemail Emailed **Student Worker:** _____

Date: _____ Talked to Student Left a voicemail Emailed **Student Worker:** _____

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Other Notes:

