



Student Information Form

Contact Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____

Phone Number: _____

Demographic Information:

Gender: Female Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Citizenship: U.S. Citizen

Permanent Resident

Other

Academic Information:

Which IHCC program are you planning to complete? _____

High school GPA: _____ or GED test score: _____

If you are currently an IHCC student, enter your cumulative GPA here: _____

Affirmation:

I understand that the information I provide on this page will be used to determine my eligibility for a GO TEC scholarship. I also understand that I may lose eligibility if I provide incomplete or incorrect information.

Signature: _____ Date: _____