

PRELIMINARY QUESTIONNAIRE

For

FEDERAL ASSISTANCE PROGRAM

Student's Name: _____

Address: _____
Street Apt # City ZIP

IS PARENT A MEMBER OF THE ARMED FORCES? YES _____ NO _____

Name of Father/Guardian _____ Occupation _____

Name of Employer _____

Is the Father/Guardian working on Federal Property at this time? Yes _____ No _____

Name of Property _____

Name of Mother/Guardian _____ Occupation _____

Name of Employer _____

Is the Mother/Guardian working on Federal Property at this time? Yes _____ No _____

Student lives with (check one)

Both Parents _____ Mother _____ Father _____ Other _____