

**Idaho State**  
**UNIVERSITY**  
**College of Technology**



921 S. 8<sup>th</sup> Avenue, Stop 8380 • Pocatello, ID 83209-8380

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
\_\_\_\_\_  
**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**What is the best way to reach you? Phone** \_\_\_ **E-mail** \_\_\_

**Primary contact number:** \_\_\_\_\_ **May we leave a message?**  
Yes \_\_\_ No \_\_\_

**Alternate contact number:** \_\_\_\_\_ **May we leave a message?**  
Yes \_\_\_ No \_\_\_

**E-mail address:** \_\_\_\_\_

**Can you check your e-mail every day?** Yes \_\_\_ No \_\_\_

**How often will you check your e-mail?** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency contact number:** \_\_\_\_\_ **May we leave a message?** Yes \_\_\_ No \_\_\_

**Gender:** Female \_\_\_ Male \_\_\_

**Relationship Status:** Married \_\_\_ Divorced \_\_\_ Single \_\_\_  
Widowed \_\_\_ Partnered \_\_\_ Separated \_\_\_

**Number of Dependents living with you?** \_\_\_\_\_ **Single Parent?** \_\_\_\_\_  
Ages \_\_\_\_\_

**Race/Ethnicity:** Caucasian \_\_\_ African American \_\_\_ Asian/Pacific Islander \_\_\_  
Hispanic \_\_\_ Native American \_\_\_ Multi-racial \_\_\_

**Primary Language:** English \_\_\_ Other (please specify) \_\_\_\_\_

*Fax this form to (208) 282-3353 (or) Scan this form and e-mail it to [start@isu.edu](mailto:start@isu.edu) (or) Bring it to our office at 777 Memorial Drive, Roy F. Christensen Building, 3<sup>rd</sup> floor (or) Mail it to the address on the top of this page!*

**Have you passed the GED?** Yes \_\_\_ No \_\_\_  
 If so where? \_\_\_\_\_ Year \_\_\_\_\_

**Are you studying to take the GED?** Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

**Last grade completed before GED instruction?** \_\_\_\_\_

**Have you taken the TABE?** Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

**Are you currently attending college?** Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

**Have you attended college?** Yes \_\_\_ No \_\_\_ Where \_\_\_\_\_

**Number of credits earned?** \_\_\_\_\_

**Highest degree completed by parents/guardians** \_\_\_\_\_

**Do you have a documented learning or physical disability?** Yes \_\_\_ No \_\_\_

**Are you registered/working with the campus ADA Center?** Yes \_\_\_ No \_\_\_

**Employment Status:** Full time \_\_\_ Part time \_\_\_ Seasonal \_\_\_ Unemployed \_\_\_ Not seeking employment \_\_\_

**How many hours do you work each week?** \_\_\_\_\_

**Annual household income** 0-\$5,000 \_\_\_ \$5,001-\$15,000 \_\_\_ \$15,001-\$25,000 \_\_\_  
 \$25,001-\$35,000 \_\_\_ \$35,001-\$45,000 \_\_\_ Above \$45,001 \_\_\_

**In college, what areas do you want to focus on?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What are your goals for college?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What strengths do you have that will help you complete a college certificate or degree?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I know how my family will be financially supported while I am in college.**

Very sure \_\_\_ Somewhat sure \_\_\_ Not sure \_\_\_ Somewhat unsure \_\_\_ Very unsure \_\_\_

**I have friends and family who are willing to support me while I am in college.**

Very sure \_\_\_ Somewhat sure \_\_\_ Not sure \_\_\_ Somewhat unsure \_\_\_ Very unsure \_\_\_

**I have friends and family who are able to support me while in college.**

Very sure \_\_\_ Somewhat sure \_\_\_ Not sure \_\_\_ Somewhat unsure \_\_\_ Very unsure \_\_\_

**What will be your greatest challenge(s) in completing college (i.e., personal habits, child care, housing, transportation, medical, financial, family, friends, job)?**

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**Rate yourself on a scale from 1 to 3 on how prepared you feel in each area:**

- (1) Not at all (I'm going to need a lot of help!)
- (2) Somewhat Prepared (I will need some help.)
- (3) Well Prepared (I am ready to start!)

\_\_\_ Math                      \_\_\_ Reading                      \_\_\_ Writing                      \_\_\_ Oral Communication  
\_\_\_ Computer skills        \_\_\_ Familiarity with College        \_\_\_ Family/Friend Support        \_\_\_ Financial Support

**What do you think the START program can help you with?**

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**What would you like to do after you have completed your degree or certificate?**

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**How did you hear about the START program?**

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*I give the START program my permission to collect information to be used in sharing data with Idaho State University and the J.A. and Kathryn Albertson Foundation. I understand that the START program will protect my confidentiality and that at no time will my information be given to any other party without my express written consent.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Guardian Signature*  
*(if applicant under 18):* \_\_\_\_\_ **Date:** \_\_\_\_\_

Please use this space to make any additional comments or ask additional questions.

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**Office Use Only**

GED Passed? \_\_\_Yes \_\_\_No

GED Battery Average: \_\_\_ GED LAR \_\_\_ GED LAW \_\_\_ GED M \_\_\_ GEDSc \_\_\_ GEDSS \_\_\_

TABE Scheduled? \_\_\_\_\_

TABE NRS Levels: Language \_\_\_ Reading \_\_\_ Total Mathematics \_\_\_

Intake Information (II) Reviewed? Date: \_\_\_\_\_ Initials: \_\_\_\_\_

II Reviewed With Student? Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Accepted Into START Program?  Yes  No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason for Decline: \_\_\_\_\_

Other Follow-up Required: \_\_\_\_\_