



Intake Date: ____/____/____ College: _____ EMPLID: _____

CUNY EDGE Program Intake Form

Personal Information

First Name: _____ Last Name: _____

Street Address: _____ Apt. _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Personal Email: _____ College Email: _____

Gender: Female Male Other

Age: 18 - 25 26 - 35 36 - 45 46-55 55+

Do you consider yourself Hispanic/Latino/a?: Yes No

Race/Ethnicity (Optional): American Indian/Alaskan Native Asian/ Pacific Islander
 Black White More than two races
 Other: _____

Current Student Status: Current/Enrolled Graduate

Are you a parent? Yes No If yes, how many children are under age 18? _____

Emergency Contact Name _____

Phone: _____ Relationship: _____

Public Assistance Status Information

Public Assistance Case Number: _____

HRA Case Type: TANF/FA SNCA SNNC Other

HRA Case Status: Applying Active Sanctioned Closed Other



CUNY EDGE Program

Educational Information

Currently Attending: Full-time Part-time Major: _____

Currently pursuing degree: Associates Bachelors Certificate

GPA (cumulative): _____ GPA (last semester): _____

Expected Date of Graduation: Year _____ Fall Spring Summer

Total credits earned? _____ Number of credits taking this semester? _____

Number of courses taking this semester? _____

Math Remedial status: Current enrolled Outstanding Completed/Passed

Reading Remedial status: Current enrolled Outstanding Completed/Passed

Writing Remedial status: Current enrolled Outstanding Completed/Passed

Currently enrolled in other student support programs:

ASAP College Discovery SEEK Other None

When did you enroll in your current CUNY College (mm/yyyy): _____ / _____

Are you a transfer student? Yes No If yes, from what school? _____

Work Information

Are you currently enrolled in the HRA Work Study Program? Yes No

Are you currently (or anticipate to be) enrolled in Federal Work Study? Yes No

Are you currently employed (not internship or work study)? Yes No

If yes, are you working: Full-time Part-time

Student Signature: _____ **Date:** _____

Checking this box certifies my electronic signature of this document.

