

Student Info Worksheet



College Bound

Please fill out the applicable information here and bring it to your appointment with a CAP COM College Funding Specialist. Do not send personal account information via email.

Student's Name: _____

Student's High School: _____

Student's High School Graduation Date (mm/yyyy): _____

Student's College (current or accepted): _____

Student's Contact Information: Phone: _____

Email: _____

Preferred Contact Method: _____

Student's CAP COM Account Number: _____

Parent(s) Names: _____

Parent Contact Information: Phone: _____

Email: _____

Preferred Contact Method: _____

Parent CAP COM Account Number: _____

Other Children/Dependents & Ages: _____

I am interested in learning more about (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Great Grades | <input type="checkbox"/> College Admissions Consulting | <input type="checkbox"/> Auto Loans |
| <input type="checkbox"/> Reading Programs | <input type="checkbox"/> FAFSA Process | <input type="checkbox"/> Car Buyer's Express |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Mobile Banking |
| <input type="checkbox"/> School Banking | <input type="checkbox"/> Home Equity Loans | <input type="checkbox"/> Mobile Deposit |
| <input type="checkbox"/> Student Loans | | <input type="checkbox"/> Mortgages |
| <input type="checkbox"/> Young Adult Checking | | <input type="checkbox"/> Online Banking |

Student's GPA: _____

Have you taken the SAT? Yes No

If yes, what were your scores? Reading: _____ Math: _____ Writing: _____

Have you taken the ACT? Yes No

If yes, what was your score? _____

Please list colleges or universities you have visited so far:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list colleges or universities you plan on visiting:

1. _____
2. _____
3. _____
4. _____
5. _____

What are you interested in studying in college?

List any major(s) or areas of concentration:

Sports or Arts Participation:

Club/Group Participation:

Honors Achieved:

Completion of the next two pages is voluntary. However, this information will provide us with the background data necessary to prepare a thorough plan and give us a better idea of your possible financial aid packages. If you are under the age of 18, by submitting this completed form you agree that you have obtained the permission of your parent/guardian.

Parent Employment

Employed Self-Employed Retired Homemaker Unemployed

Employer/Type of Business	Position & Income	Years Employed/Anticipated Retirement
Address:		
Phone:		
Spouse Employer	Position & Income	Years Employed/Anticipated Retirement
Address:		
Phone:		

If retired, source of income

Type	Amount	Spouse Amount
Social Security		
Investments/Dividends		
Other		

Checking & Savings Accounts (include Money Market and Certificates)

Financial Institution	Type of Accounts/Balance

Investments

Stocks/Bonds	Where Held:	Value:
Mutual Funds	Where Held:	Value:
IRAs	Where Held:	Value:
401(k)/Retirement Accounts	Where Held:	Value:
College Funds (529 Plan)	Where Held:	Value:
Other	Where Held:	Value:

Life Insurance

	Term	Amount	Whole Life	Amount
Parent(s)				
Student				
Other				

Assets

Type	Approximate Value
Real Estate	
Business	
Family Gift	
Other	

Debits

	Balance	Payment	Rate	Term
Mortgage				
Home Equity				
Auto				
Personal Loan				
Credit Card				
Other				