**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** (circle one): Male Female

**Have you completed any college prior to CTC**? Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

**State of Residence**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity** (circle one): White Hispanic Black or African-American

American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander

Two or more races (List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

**Are you a single parent**\*? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

\*An individual who is unmarried or separated from their spouse and is pregnant or has sole or joint custody of a minor child or children.

**Are you a Displaced Homemaker**\*? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

\*An individual who has worked primarily without pay to care for a home and family and for that reason has diminished marketable skills; or has been dependent on the income of another family member but is no longer supported by that income; or is a parent whose youngest dependent child will become ineligible to receive assistance under social security; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

**Are you receiving assistance from the Bureau of Indian Affairs**? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

**Do you live with a parent or legal guardian**? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_