

Indicate which program you are interested in:

First Scholars

CareerNOW

The following information is needed to assess your eligibility for participation. This in formation will be treated confidentially.

BIOGRAPHICAL INFORMATION						
Name(First, Middle, &	Last):					
Local Address:	Street	City	State	Zip Code		
Campus Housing (Optional):						
Permanent Address:	Street	City	State	Zip Code		
Home Phone Number:	Mobile Phone Number:					
UIN#	UIC Email Address:	Alternate Email Address:				
Date of Birth:	Gender: Preferred Pronoun:					
Classification: Transfer: Previous TRIO: Institution:						
Ethnic Background:						
If Other:						
Marital Status:						
Are you a U.S. Citizen?						
Are you a permanent Resident?						
If no, what is your Permanent Resident Number?						
FIRST GENERATION VERIFICATION						
Does your mother/adopted mother have a four year degree?						
Does your father/adopted father have a four year degree?						



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DISABILITY VERIFICATION Do you have a documented disability?					
	INC	OME VERIF	CICATION		
Father Employed:		ccupation:			
Mother Employed:		ccupation:			
Current Family Inc	ome?				
Number of person(s) living at home				
In 3 or 4 sentences plea	ase identify at least one g	goal and tell us h	ow UIC can assist with	n your goal.	
I verify that all of the	e information containe	ed in this applic	cation is true to the	best of my knowledge.	
Student Signature			Date		
	F	For Office Use O	nly		
Date Applicati	on Received:				
-	YESLIFG NO YES NO	_LIF0	GDisability		
Authorizing O	fficial. Title. Date				