



The Student Advocacy Group
COLLEGE ACCESS AND FINANCIAL LITERACY

P.O. Box 78232
 Corona, CA 92881
www.whdfoundation.org
info@whdfoundation.org
 (951) 415-9756
 Hours of Operation
 M – F 9:00am – 6:30pm

High School Student Form

DATE:

*mandatory fields		Personal Information			
Student Last Name:*		First Name: *			
Street Address:*					Apartment/Unit#:
City:*	State:	ZIP Code:	Cell Phone:	Alternate Phone:	
Student Email:*		Date of Birth(DOB):		Completed FAFSA?	
High School Name/Address:*					School Code:
Community College/School Name/Address:*					School Code:
Current Grade Level:*	Graduation Year*		Units Completed:		Major:
Current GPA:*	HS:	CC:	University:		High School: CC:
PSAT*	SAT* (Best scores only)		ACT*		Score/Subject:
Overall Score:	Overall Score:		Overall Score:		AP:
Math:	Math:		Math:		AP:
Reading/Writing:	Reading/Writing:		Science:		AP:
Essay:	Essay:		English:		AP:
	SAT Subject Test:		Reading:		AP:
			English/Language Arts:		
Parent/Guardian*			Parent/Guardian*		
Last Name:			First Name:		
Street Address:*(IF DIFFERENT FROM ABOVE ADDRESS)					Apartment/Unit#:
City:	State:	ZIP Code:	Cell Phone:*	Alternate Phone:	
Parent Email:					
Emergency Contact Info*			Emergency Contact Info*		
Last Name:			First Name:		
Street Address:*					Apartment/Unit#:
City:	State:	ZIP Code:	Cell Phone:*	Alternate Phone:	

YOU	
What are your areas of concerns? Personal Statement, Financial Aid, College Selection, etc.	
Musical Instruments/Sports/Extra-Curricular Activities	
Honors/Awards	
Work Experiences	
Colleges researched. Any contacts?	
How did you hear about us?	

The information contained in this document is confidential. It is intended solely for the use of the individual(s) or organization(s) to whom it is addressed. Any disclosure, copying or further distribution is not permitted unless such privilege is explicitly granted in writing by The William H. Douglas Foundation.

