

Student Demographic Information Form

This information is used for grant applications submitted by Community HigherEd Institute and to better understand the student population. Data will be used collectively to protect individual students' privacy.

Name: _____

SSN Last 4 Digits: _____

Start Date: _____

Program: _____

1. Highest School Completed by Parent 1:

- a. Middle School/Junior High
- b. High School
- c. Post-Secondary Certification
- d. Associate's Degree
- e. Bachelor's Degree or Higher

2. Highest School Completed by Parent 2:

- a. Middle School/Junior High
- b. High School
- c. Post-Secondary Certification
- d. Associate's Degree
- e. Bachelor's Degree or Higher

3. Household income before taxes during the last 12 months:

- a. Less than \$9,999
- b. \$10,000-\$24,999
- c. \$25,000-\$34,999
- d. \$35,000-\$49,999
- e. \$50,000-\$74,999
- f. \$75,000-\$99,999
- g. \$100,000 or more
- h. Prefer not to identify

4. Number of Adults Aged 18+ in Household:

5. Number of Children Under 18 in Household:

6. First Time Attending College: YES NO

7. Benefits Currently Received (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Oklahoma WIC | <input type="checkbox"/> Child Care Benefits |
| <input type="checkbox"/> No Benefits | <input type="checkbox"/> Prefer not to identify |
| <input type="checkbox"/> Oklahoma Medicaid | |
| <input type="checkbox"/> Other Benefits | |

8. Marital Status

- a. Single (Never Married)
- b. Married
- c. Separated
- d. Divorced
- e. Widowed
- f. Cohabiting

9. Are you employed at this time?

- a. No
- b. Yes, less than 20 hours per week
- c. Yes, more than 20 hours per week

10. Industry of Current Employment (Select One)

- | | |
|---|--|
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Auto/Diesel | <input type="checkbox"/> Oil and Gas |
| <input type="checkbox"/> Beauty and Cosmetics | <input type="checkbox"/> Education |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Military |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Non-Profit/Public Charity |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Healthcare |

11. High School Background

- a. Graduated from traditional high school
- b. Graduated from homeschool
- c. Graduated from online/charter high school
- d. Earned a GED

12. Check all that apply:

- _____ Are you a Veteran/Military?
- _____ Are you a spouse of a Veteran/Military?
- _____ Are you a dependent of a Veteran/Military?