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# PROJECT START APPLICATION

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_ K# \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_ Major: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Ethnicity (Optional):  American Indian or Alaskan Native     Asian     Black or African American  
 Caucasian     Hispanic or Latino     Native Hawaiian or Other Pacific Islander

If you do not identify with any of the above categories, please list your ethnicity here: \_\_\_\_\_

US Citizen:  Yes  No If you answered no, please explain: \_\_\_\_\_

Is English your first language?  Yes  No Other languages spoken: \_\_\_\_\_

Are you a Veteran?  Yes  No Dates of Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Are you currently or have you ever been enrolled in a KPACE program?  Yes  No

How did you hear about Project START? \_\_\_\_\_

## Financial Aid

Have you applied for a Pell Grant or other Federal Financial Aid (FAFSA)?  Yes  No

Do you qualify for a Pell Grant?  Yes  No

What circumstances are causing a financial need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family / Household Information

Marital Status:  Married  Divorced  Separated  Widowed  Single/ Never Married

Do you have children?  Yes  No If so, what are their ages? \_\_\_\_\_

Please list all persons in your household:	Name	Relationship to Applicant
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education

Are you currently enrolled in a Career / Technical Program at Kirkwood?  Yes  No

Will you be full-time or part-time next semester?  Full-Time  Part-Time

Did you graduate from high school?  Yes  No  GED  High School Equivalency (HiSET)

Additional Educational Training:

Name: \_\_\_\_\_ City / State: \_\_\_\_\_

Type of Training: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Which of the following did you receive from this training?  Diploma  Degree  Certificate

List any other educational training completed: \_\_\_\_\_

**PLEASE NOTE:** If you have earned a Bachelor's Degree, you will need to provide documentation detailing why you cannot utilize that degree, and why you need to be trained in another area.

Employment

Employment Status:  Employed Full-Time  Employed Part-Time  Self-Employed

Seasonally Employed  Recently Laid-Off  Not Employed

Work History (please only include your most recent employment):

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Skills Used: \_\_\_\_\_

Support

**SUPPORT:**

Describe any help you may need in the following areas:

Reading/ Writing: \_\_\_\_\_

Math: \_\_\_\_\_

Studying: \_\_\_\_\_

Other: \_\_\_\_\_

If you have a physical or mental disability that creates a barrier to your education, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place a checkmark next to areas in which you may need assistance:

- |                            |                           |
|----------------------------|---------------------------|
| Personal Counseling        | Advising/ Registration    |
| Anxiety                    | Accommodations            |
| Family/ Parenting Concerns | Career Services           |
| Problem Solving            | Financial Aid Information |
| Stress Management          | Student Advocacy          |
| Time Management            | Other:                    |

### Questions

Please answer the following (you may type answers in a separate word document if you wish):

1. Why did you decide to attend college? What made you choose your current major?
  
  
  
  
  
  
  
  
  
  
2. Share a time in your life when you had to overcome a hardship. How did you make it through that experience?
  
  
  
  
  
  
  
  
  
  
3. What have you enjoyed most about being a college student? What have you liked the least about being a college student?
  
  
  
  
  
  
  
  
  
  
4. Tell me something you have learned about yourself since beginning at Kirkwood.
  
  
  
  
  
  
  
  
  
  
5. What sets you apart from other students?

Additional Information

We are required by the Foundation and Scholarship Donors to follow-up with our students until they are employed in their chosen field. Please provide the information of two people who will know where you are in case we lose track of you after you graduate.

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please read the statements below and sign to acknowledge your agreement.

1. I give my permission to Kirkwood Community College's Project START staff to request information regarding any support I may receive from other agencies/ organizations listed on this application. This information will be used for educational support purposes only, and will be kept strictly confidential.
2. If accepted into the program, I give my permission for staff to contact faculty members to verify my participation in class.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return completed application to: Student Equity, Inclusion, & Support  
Iowa Hall 2026  
Kirkwood Community College  
OR  
Email to [Project.Start@kirkwood.edu](mailto:Project.Start@kirkwood.edu)

Please direct any questions to: Molly Anderson  
Pathway Navigator  
[Molly.Anderson@kirkwood.edu](mailto:Molly.Anderson@kirkwood.edu)