

## FAMILY SELF SUFFICIENCY INTEREST SURVEY

Program available in Manatee, Hardee and DeSoto Counties

**You must be a current full-time student or about to start a curriculum.**

If you are interested in learning more about the FSS Program after reviewing the fact sheet, please complete this brief survey and return to: **Tavondra Chrispin** at [tchrispin@stepupsuncoast.org](mailto:tchrispin@stepupsuncoast.org) or **941-941-827-0188 ext. 9203**.

- Are you currently employed? Yes ( ) NO ( )  
If yes, where are you employed? \_\_\_\_\_  
If yes, how long have you been employed? \_\_\_\_\_ Position? \_\_\_\_\_
- What is the last grade of school completed? \_\_\_\_\_  
If you did not complete high school, do you have a state approved GED? \_\_\_\_\_
- Are you currently attending any trainings or educational programs? Yes ( ) No ( )  
If yes, where? \_\_\_\_\_ Area of study? \_\_\_\_\_  
Credits earned or level completed? \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Anticipated Graduation \_\_\_\_\_
- If not now in school, do you have any plans to pursue an educational goal? Yes ( ) No ( )  
If yes, what is your intended goal? \_\_\_\_\_  
Have you made application for a program or degree? Yes ( ) No ( )  
If yes, where? \_\_\_\_\_ Accepted? \_\_\_\_\_ Start Date? \_\_\_\_\_
- Do you hold any certificates or degrees? Yes ( ) No ( )  
If yes, what types(s)? \_\_\_\_\_  
In you attended college, but received no degree, how many credits have you earned? \_\_\_\_\_ GPA \_\_\_\_\_
- Which type of services would be most beneficial to you?  
( ) Housing ( ) Utilities ( ) Child Care ( ) Transportation ( ) Food  
( ) Personal and Career counseling ( ) Personal Development ( ) Educational Success  
( ) Resume' Writing, Interviewing ( ) Financial Counseling ( ) Health and Nutrition
- Please describe in your own words why you and your family would benefit from this program.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If any, what other goals are you pursuing and why? \_\_\_\_\_  
\_\_\_\_\_
- Are you in default on any student loans? \_\_\_\_\_
- Referred by? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

For more information, contact Tavondra Chrispin at 941-827-0188 ext. 9203 or [tchrispin@stepupsuncoast.org](mailto:tchrispin@stepupsuncoast.org)