



STUDENT STATUS FORM

4108 Charlestown Road, New Albany, IN 47150

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Email to: mbrinkworth@cfsouthernindiana.com

At the end of each semester, return this form along with your **transcript or grade report including current cumulative GPA**, to the attention of the Program Associate utilizing any of the options listed above.

Please print or type.

Full Name: _____ Date: _____

Scholarship received from CFSI and year awarded: _____

E-Mail: _____

High School graduated from and year of graduation: _____

Name of college attending next year: _____

School address next semester: _____

Your address while at school this year: _____

Your address while at school next year: _____

Home/parent's address: _____

Parent's phone #: _____ Your home phone#: _____

Your cell phone #: _____ Academic Major: _____

Employer and hours per week: _____

Extra Curricular/Volunteer Activities: _____

Plans following graduation: _____

THIS FORM IS AVAILABLE ONLINE AT WWW.CFSOUTHERNINDIANA.COM.

You may also copy this form and / or add additional sheets as needed.