Mentoring and Persistence to Success (MAPS)

Compass Advising & Coaching Program Application

Western Carolina University

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT INFORMATION | | | | | | | | |
| Request to Enter Compass for: (circle one) Summer Fall Spring Year: 20 \_\_\_\_\_\_ | | | | | | | | |
| Name: WCU Entry Term: (circle one) Summer Fall Spring Year: 20 \_\_\_\_\_\_ | | | | | | | | |
| Preferred Name: | | | | WCU ID Number: 920 | | | | |
| Date of Birth: | | Home Phone: | | | | Student Cell Phone: | | |
| CATAMOUNT Email Address: @catamount.wcu.edu | | | | | | | | |
| Permanent (Home) Address: | | | | | | | | |
| City: | | State: | | | | ZIP Code: | | |
| Gender: | Marital Status: | | | | | | Are you a veteran: Yes or No | |
| Are you a WCU Athlete: Yes or No | If yes, what SPORT: | | | | | | | |
| Check the Ethnic Background that best describes you: | | | | | | | | |
| AFRICAN AMERICAN/BLACK \_\_\_\_\_\_\_\_\_\_\_­ | | | ASIAN/PACIFIC ISLANDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| HISPANIC/LATINO \_\_\_\_\_\_\_\_\_\_\_\_ | | | WHITE/CAUCASIAN (NON-HISPANIC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| NATIVE AMERICAN ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ | | | OTHER ­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­ | | | | | |
| EDUCATIONAL ELIGIBILITY | | | | | | | | |
| Parent/Guardian 1 highest level of education: | | ­\_\_\_HS Diploma \_\_\_Assoc \_\_\_Bachelors \_\_\_Masters \_\_\_Doctorate | | | | | | |
| Parent/Guardian 2 highest level of education: | | \_\_\_HS Diploma \_\_\_Assoc \_\_\_Bachelors \_\_\_Masters \_\_\_Doctorate | | | | | | |
| INCOME ELIGIBILITY | | | | | | | | |
| Have you applied for financial aid (completed a FAFSA)? \_\_\_\_\_ YES \_\_\_\_\_ NO | | | | | | | | |
| Do you or your family receive assistance from any of the following? (Please check all that apply) | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_Social Security | | | | | \_\_\_\_\_\_\_\_\_\_Public Welfare (AFDV, etc.) | | | |
| \_\_\_\_\_\_\_\_\_\_Veterans Benefits | | | | | \_\_\_\_\_\_\_\_\_\_ Vocational Rehabilitation | | | |
| OTHER ELIGIBILITY | | | | | | | | |
| Are you participating in the Academic Success Program (ASP) or Catamount Gap? \_\_\_\_\_ YES \_\_\_\_\_ NO | | | | | | | | |
| Have you participated in a TRIO program? \_\_\_\_\_ YES \_\_\_\_\_ NO  If so, please circle the program: Project Discovery Student Support Services Talent Search Upward Bound | | | | | | | | |
| Have you aged out of or ever been enrolled in foster care? \_\_\_\_\_ YES \_\_\_\_\_ NO | | | | | | | | |
| Are you an emancipated minor? \_\_\_\_\_ YES \_\_\_\_\_ NO | | | | | Are you an orphan? \_\_\_\_\_ YES \_\_\_\_\_ NO | | | |
| Are you currently homeless or in danger of becoming homeless within the next 6 months? \_\_\_\_\_ YES \_\_\_\_\_ NO  NOTE: A student is considered homeless if he or she lacks fixed, regular, and adequate housing. This includes students who are living in shelters, motels, cars, or parks, or who are temporarily living with other people because they have nowhere else to go. Students are also considered homeless if they are fleeing an abusive parent(s) who would otherwise provide the student with financial support and a place to live. | | | | | | | | |
| TOPICS OF INTEREST | | | | | | | | | |
| Please select your areas of concern and/or potential need for support: (Check all that apply.) | | | | | | | | | |
| \_\_\_\_\_College GPA (1) | | \_\_\_\_\_Out of school more than 5 years (4) | | | | | | \_\_\_\_\_Need to raise grades (7) | |
| \_\_\_\_\_High School GPA (2) | | \_\_\_\_\_Low admission/diagnostic test scores (5) | | | | | | \_\_\_\_\_ Social Concerns (8) | |
| \_\_\_\_\_Lack of educational/career goals (3) | | \_\_\_\_\_Lack of academic preparedness for college (6) | | | | | | \_\_\_\_\_Failing Grades (9) | |
| What is your current intended major? | | | | | | | | | |
| Have you previously earned college credit? \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO If yes, how many hours\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Other information that might help us to better serve you: | | | | | | | | | |

NOTE: All information requested is voluntary, however, please fill out as much as possible for MAPS to best determine service eligibility.

As a participant in Compass, I agree to the following commitments:

1. **To meet with my Compass coach/advisor at least five times during each of my first two semesters and at least twice a semester thereafter.**
2. **To keep appointments with my Compass coach/advisor as scheduled.**
3. **To attend a financial literacy workshop in my first two semesters.**

I understand that if I do not meet the above commitments, the Compass staff may no longer consider me an active participant. I understand that I can continue to be a participant in the program for as long as I need to utilize the services, and that I can withdraw from the program at any time.

As a participant in the Compass Program, I consent to the release of necessary files and information to the University’s professional staff and appropriate community support agencies for use in advising, coaching, mentoring, planning, and/or data collection.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

Student Signature Date

*Must be signed by student only*

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**DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY OFFICE STAFF**.

ELIGIBILITY: FIRST GEN FINANCIAL OTHER:

HS GPA SAT V M ACT - COMP

COLLEGE CUMULATIVE GPA ACADEMIC NEED:

AWARDED PELL GRANT: YES NO AMOUNT EFC

Eligible for COMPASS: If not eligible, why:

Approval Signature Date

Assigned Compass Coach/Advisor