BLADEN COMMUNITY COLLEGE

FEDERAL FUNDING QUESTIONNAIRE

Please complete and return to the Admission's Office

Name _____
Last **First** **Middle**

Social Security # or School ID _____

Birthdate _____

The information requested below is confidential and cannot be used to deny admission. Federal and state funding depends on the reporting of this data.

Please check all that apply*:*

- ❑ Homemaker [has not worked outside the home recently]
- ❑ Receives some type of public assistance [AFDC, food stamps**,** Pell Grant, etc.]
- ❑ Deaf/hearing impaired
- ❑ Speech impaired
- ❑ Blind/visually impaired
- ❑ High School dropout [with or without GED]
- ❑ English as a second language
- ❑ Single parent [with custody of minor child]
- ❑ Orthopedically impaired
- ❑ Learning disability
- ❑ Other handicap, please explain
- ❑ None apply