

Financial Wellness Intake Survey

*Please fill out the form below BEFORE your 1:1

Personal Information

Name: _____
(first) (last)

Email: _____

Year:

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate Student

Residence:

- ☐ On-Campus Housing
- ☐ Off Campus
- ☐ Commute (live with family/relatives)

Reason for today's appointment:
(check all that apply)

- ☐ Budgeting
- ☐ Credit/Savings
- ☐ Loans
- ☐ Scholarships/Funding
- ☐ ECRT (emergency loan, grant or referral)
- ☐ Other: (explain)

How did you hear about the financial wellness program?

What other services have you already used to improve your financial well-being? (financial aid office, scholarship resource center, etc.)

Are you aware of the requirements needed to maintain financial aid eligibility?

Yes ☐ No ☐

If yes, what do you know?

Financial Wellness Intake Survey (Part 2/3)

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Finances & Budgeting

Do you have a credit card under your name?

Yes ☐ No ☐

Is there currently a balance on your credit card?

Yes ☐ No ☐

Do you know your credit card interest rate?

Yes ☐ No ☐

Are you currently employed?

Yes ☐ Part-time ☐ Full-time ☐

Do you actively keep a budget?

Yes ☐ No ☐

If so, on a scale of 1-5 (with 5 being most likely and 1 being not likely) how likely are you to follow this budget?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

How often do you feel anxious or stressed about your financial situation? (check all that apply)

- ☐ Not at all anxious
- ☐ Occasionally stressed
- ☐ Weekly concern
- ☐ Daily/Constant concern
- ☐ It distracts from my academics

Loans

Have you taken out any federal or private loans?

Yes ☐ No ☐

Which loans have you taken out thus far?
(check all that apply)

- | | |
|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Direct Subsidized | <input type="checkbox"/> Perkins Loan |
| <input type="checkbox"/> Direct Unsubsidized | <input type="checkbox"/> Private Loan |
| <input type="checkbox"/> Direct Plus Loan | <input type="checkbox"/> Other: |

Do you know the interest rates of your loan(s)?

Yes ☐ No ☐

If yes, what %?

Are you familiar with the repayment plans for your loans?

Yes ☐ No ☐ Somewhat ☐

Are you on a current repayment plan?

Yes ☐ No ☐

If yes, what repayment plan are you currently using?

- | | |
|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Graduated |
| <input type="checkbox"/> Extended | <input type="checkbox"/> Income-based |
| <input type="checkbox"/> Forbearance | <input type="checkbox"/> Other: (list) |
| <input type="checkbox"/> Deferment | |

Financial Wellness Intake Survey (Part 3/3)

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Misc.

Is there any other information or concerns you would like to provide to enable us to better assist your financial wellness needs?