

College Intent Form

Please submit this form upon graduating from High School. If there are any changes in your contact information, please re-submit this form.

Contact Information

Last Name _____ First Name: _____

Mailing Address: _____

Phone #: _____ E-mail: _____

Guardian Name: _____

Guardian Phone: _____

High School Attended: _____

College and Career Information

Colleges of Interest:

1. _____

2. _____

3. _____

What is your college major? _____

What is your college minor? _____

What is the highest level of education you plan to pursue?

Trade Certificate Associates Degree Bachelor's Degree Master's Degree Doctorate Degree

What are your career goals?

Please send to:

Community Foundation of Central Illinois
3625 North Sheridan Road
Peoria, IL 61604
Phone: 674-8730
Fax: 674-8754
E-mail: jacqueline@communityfoundationci.org