



Rhode Island College  
600 Mount Pleasant Avenue  
Providence, RI 02908  
(401) 456-6320

## Learning for Life Participation Form

**Instructions:** Please complete this form to indicate your interest in participating in Learning for Life. You are free to ask questions at any time before, during, or after you have completed this form.

Date: \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name/Pronouns: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Can we leave a voice mail on: Cell Phone  Home Phone

Major(s), Minor: \_\_\_\_\_ Expected Grad: 20\_\_\_\_ # of credits completed: \_\_\_\_\_

**RIC requires L4L to use your RIC email for all college communication but we can copy your personal email account if you prefer.** RIC Email (Primary contact): \_\_\_\_\_ @email.ric.edu

Is there an additional email account we can use? (Secondary contact): \_\_\_\_\_

**Can we contact you via text?**  Who is your cell phone carrier (Verizon, MetroPCS, etc.)? \_\_\_\_\_

Which high school did you attend? \_\_\_\_\_

**What challenges are you currently facing/how can we help you? Feel free to attach another sheet.**

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**Are you experiencing an urgent need?**  Yes  No: **Please explain:** \_\_\_\_\_

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### How did you hear about us?

- Student
- Friend
- Professor/ Staff: (Name or Dept.) \_\_\_\_\_
- Event: \_\_\_\_\_
- L4L Website
- Social Media (please circle which outlet)  
Facebook, Instagram, Twitter, Snapchat
- Other: \_\_\_\_\_

May we follow up and let your referrer know you connected with us?  Yes  No

**PLEASE SEE OTHER SIDE**

**When is the best time for you to meet with your Navigator (peer mentor)?**

Please indicate if mornings, afternoons or evenings work best for you

M: \_\_\_\_\_ T: \_\_\_\_\_ W: \_\_\_\_\_ Th: \_\_\_\_\_ F: \_\_\_\_\_

**How often would you like to meet with your Navigator?**

- Weekly**
- Bi weekly**
- Monthly**
- Occasionally**
- Community** (Receive emails about events and resources)

**In order to help us match you to a support network and Navigator, please check all that apply to you:**

- First generation college student
- Member of an under-represented group on campus (e.g. ethnicity, LGBTQ, gender identity, religion, etc.)
- Facing financial difficulties
- Have not meet the 2.0 academic standard requirement
- Student who works 20 hours or more per week, including workstudy
- Out-of-state student
- Experiencing transportation difficulties
- Former or current participant in **(circle one)**: PEP, Bridges, Project ExCEL, Upward Bound, College Crusade, College Visions, ALLIED or similar college preparatory program.
- Experiencing Food/ Housing insecurity
- Student whose first language is something other than English

**First Year Experience**

- International student
- Incoming/current First year student

**College Success**

- Experiencing a disability
- Experiencing mental health challenges
- Experienced care within the DCYF system, i.e. foster care, group home, etc.

**Adult Learner and Workforce Development**

- Adult learner (age 25+)
- Veteran
- Pregnant and/or parenting

**Graduate Program**

- Graduate Student

I understand that participating in one or more of the following activities increases my ability to persist and accomplish my goals. By signing, I agree to participate in Learning for Life (L4L) and complete as many of the following activities as I can: making and attending a career planning appointment, completing a financial life management activity, developing a Scholar Plan for my future goals, and connecting and working with my L4L Navigator regularly in person, by phone, or via email.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use:**

Check academic status: \_\_\_\_\_

Check financial status (Pell Grant, holds, financial aid awards): \_\_\_\_\_

Scholar has been entered into:

- Application Log
- Master List
- PeopleSoft

Network: _____
GA: _____
Navigator: _____