WELLNESS CENTER
Live Better. Feel Better.

Wellness Resource Services
524 West 59th Street
Rm. L 68.00 NB
New York, NY 10019
T. 212-237-8053

Please complete the following section to determine your eligibility status.

Print Name: _____ **EMPL ID#** _____ **Date of Birth:** _____

Zip code: _____ **Borough:** _____ **County/Other:** _____

Phone #: _____ **John Jay Email:** _____

Student Status: Freshman____ Sophomore ____ Junior ____ Senior ____ Grad____

Credit Hours Enrolled this semester: _____

1. What is the main reason that you are seeking transportation help today? (Please explain in detail)

   _____

   _____

   _____

2. Is this situation unforeseen? Yes: _____ No: _____

3. Is this situation temporary? Yes: _____ No: _____

4. Student Income Status: Employed (F/P) ____ Unemployed ____ Federal Work Study _____
   Other (Social Security, Retirement/Pension, Unemployment, Public Assistance, GI Bill) ____
   (please provide proof of income).

5. Have you completed a FAFSA form for the academic year? Yes: _____ No: _____
   (a) Will you receive financial aid for this academic semester? Yes: _____ No: _____

6. Are you currently registered for an in-person internship? Yes: _____ No: _____
   If yes, please provide the internship in-person schedule and letter of internship placement.

7. What is your current living situation? Rent/Own ____ Live with Family/Friends ____
   Public Housing/Supportive Housing ____ Transitional Housing/Shelter ____
   Housing Insecure ____

8. Are you already receiving transportation assistance from any other program on campus or in the City? Yes: _____ No: _____

   You must attach a hard copy of your current class schedule when you submit this form.

Student Signature   **Date**

_____   _____

JOHN JAY COLLEGE OF CRIMINAL JUSTICE