

WA State GEAR UP Counseling & Advising - Family Support

(All 1:1 support must be submitted via Box on Friday of each week)



Date	Student Name (Printed)	Was the Student Present? Y/N	# of Family Members	Total Time Spent	Primary Purpose of Support Provided (Name of Activity in Work Plan)	Activity Type of Primary Support (As Designated in the Work Plan)
						<input type="checkbox"/> Family - Financial Aid Counseling <input type="checkbox"/> Family - Counseling & Advising
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I certify that the above family members participated in this activity.

GU Advisor Signature _____

Date _____