

Referred By: \_\_\_\_\_



2016-2017

## APPLICATION CHECKLIST

Name: \_\_\_\_\_

Student ID#: G00- \_\_\_\_\_

HAVE YOU COMPLETED AND SUBMITTED...	YES	NO	COMMENTS
Are you a high school graduate?	<input type="radio"/>	<input type="radio"/>	• MESA can only accept high school graduates.
The FAFSA Application for 2016-2017? Date Submitted: _____	<input type="radio"/>	<input type="radio"/>	• Apply at: <a href="http://www.fafsa.ed.gov">http://www.fafsa.ed.gov</a>
<b>OR</b>			
The BOG Tuition and Fee Waiver for the 2016-2017 academic year? Date Submitted: _____	<input type="radio"/>	<input type="radio"/>	• More information can be found at: <a href="http://www.gavilan.edu/finaid/">http://www.gavilan.edu/finaid/</a>

**If you have not completed a FAFSA or BOG Waiver, please provide one of the following-** Most recent tax return

1. <i>Dependent Student</i>	YES	NO	COMMENTS
Tax Return (Copy of parents <b>signed</b> 1040, 1040a or 1040EZ)	<input type="radio"/>	<input type="radio"/>	Make sure the second page is signed.
2. <i>Independent Student</i>			
Tax Return (Copy of students <b>signed</b> 1040, 1040a or 1040EZ)	<input type="radio"/>	<input type="radio"/>	Make sure the second page is signed.

Supplemental Information:	YES	NO	
Are you eligible for at least Algebra I or a higher math course?	<input type="radio"/>	<input type="radio"/>	If you mark No you do not qualify for MESA
Does one of your parents have a four-year bachelor's degree or higher?	<input type="radio"/>	<input type="radio"/>	
What do you want to transfer and get a bachelor's degree in?			

**Required Survey Questions (Your answers will not impact your qualifications for the program)**

	YES	NO				
Are you interested in teaching math or science?	<input type="radio"/>	<input type="radio"/>	0 Middle/Junior High School	0 High School	0 Community College	0 University
Are you interested in a graduate degree?	<input type="radio"/>	<input type="radio"/>				
Are you interested in a professional degree?	<input type="radio"/>	<input type="radio"/>	0 Pre-med	0 Pre- vet	0 Pre -dental	0 Pre-pharmacy
Are you a participant in the Puente program?	<input type="radio"/>	<input type="radio"/>				
Are you a participant in EOPS?	<input type="radio"/>	<input type="radio"/>				

Applications can be submitted to:

[mesa@gavilan.edu](mailto:mesa@gavilan.edu) or by dropping it off at the MESA & TRiO Center (MA 115).

More information can be found at: [www.gavilan.edu/mesa](http://www.gavilan.edu/mesa)



# MESA Community College Program (MCCP) Application

PLEASE COMPLETE ALL ITEMS AND PRINT CLEARLY

Campus/Student ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle (or initial): \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current Address/Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Ethnicity: (1) \_\_\_\_\_ (2) \_\_\_\_\_ American Indian/Alaskan Native tribal affiliation: \_\_\_\_\_

Is a language other than English spoken regularly in your home?  No  Yes If yes, specify: \_\_\_\_\_

Residential status:

- US Citizen
- Permanent Resident
- F1 Visa
- Resident Alien

When did you first enroll at this college:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Semester Year

Current College Counselor: \_\_\_\_\_

Total number of college units completed:

- 0-29  30-60  60+

Do you have a Bachelor's degree?

- Yes  No

Current college GPA: \_\_\_\_\_

Declared Major: \_\_\_\_\_

What was your first college math class?

\_\_\_\_\_

Current science and math classes:

\_\_\_\_\_  
\_\_\_\_\_

Completed science and math classes (any college):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Transfer College(s) – in order of preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prospective date of transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Semester Year

Previous school(s) attended:

High School: \_\_\_\_\_  
Date: \_\_\_\_\_

College: \_\_\_\_\_  
Dates: \_\_\_\_\_

College: \_\_\_\_\_  
Dates: \_\_\_\_\_

Obstacles that may interfere with your education (check all that apply):

- Financial need
- Employment issues
- Family obligations
- Knowledge of educational system
- Exceptional needs (specify below)  
\_\_\_\_\_

Are you employed?  Yes  No

If yes, how many hours per week? \_\_\_\_\_

Are you a Veteran?  Yes  No

Highest level of education achieved by each of your parents/guardians (please indicate by using a letter):

\_\_\_\_\_ Father \_\_\_\_\_ Mother

- A. No school/elementary school
- B. 8<sup>th</sup> grade or less
- C. Some high school
- D. High School graduate
- E. Some college/university
- F. Community college degree
- G. 4-year college degree
- H. Professional degree (law, medical, etc)
- I. MS/MA/MBA/Ph.D.
- J. Other \_\_\_\_\_
- K. Don't know

Type of work your parents or guardian have done over the past years or prior to retiring (please indicate by using a letter):

\_\_\_\_\_ Father \_\_\_\_\_ Mother

- A. Never Employed
- B. Farm Worker
- C. Business Administration
- D. Retail/Sales/Clerical
- E. Mechanic
- F. Professional – (Doctor, Lawyer, Other Professional)
- G. Factory Worker
- H. General Laborer
- I. Teacher/Professor
- J. Skilled technician – Medical, Educational, Trades
- K. Engineer/Computer Scientist/Scientist
- L. Other \_\_\_\_\_
- M. Don't know