

Student Application

TRiO SSS- Gavilan College
 5055 Santa Teresa Blvd., Student Center 160
 Gilroy, CA 95020 (408) 846-4981
 www.gavilan.edu/trio

Date: _____

REFERRAL INFORMATION:

What influenced you **MOST** in applying to the TRiO program? [please check only one (1)]

- | | |
|--|---|
| <input type="checkbox"/> Information Booth (date: _____) | <input type="checkbox"/> Instructor (name: _____) |
| <input type="checkbox"/> Presentation (presenter: _____) | <input type="checkbox"/> Friend (name: _____) |
| <input type="checkbox"/> Counseling (counselor: _____) | <input type="checkbox"/> Other (_____) |

PRELIMINARY ELIGIBILITY:

Are you or will you be enrolled in, at least, nine (9) units at Gavilan College?

- Yes (Please continue) No (**Stop**, you do not qualify)

Are you a U.S. Citizen or Permanent Resident? (A#: _____) please attach copy of Permanent Resident card

- Yes (Please continue) No (**Stop**, you do not qualify)

Do you intend to Graduate with an A.A./A.S. degree and/or Transfer to a four (4) year University?

- Yes (Please continue) No (**Stop**, you do not qualify)

Have you (or at least one (1) parent/guardian) received a four (4) year college degree in the U.S.?

- Yes (Please continue) No (Please continue)

STUDENT INFORMATION:

Social Security: _____		Student ID: _____	
Last Name: _____	First Name: _____	Middle Name: _____	Maiden Name: _____
Address: _____	City: _____	State: _____	Zip: _____
Phone: _____	Cell Phone: _____	Work Phone: _____	
E-Mail address: _____			

DEMOGRAPHIC INFORMATION:

Date of Birth:* _____	Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Program Entry Level:* <input type="checkbox"/> 1st yr., never attended <input type="checkbox"/> 1st yr., attended before <input type="checkbox"/> 2nd yr./sophomore
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Ethnicity: [please select only one (1)] *

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan Native (1) | <input type="checkbox"/> Asian (2) | <input type="checkbox"/> Black or African-American (3) |
| <input type="checkbox"/> Hispanic or Latino (4) | <input type="checkbox"/> White (5) | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (6) |
| <input type="checkbox"/> More than one race (7) _____ | | |

OFFICE USE ONLY:

Intake Date: _____	With (Staff): _____
Acceptance: <input type="checkbox"/> Accepted into TRiO SSS <input type="checkbox"/> Letter of Acceptance mailed, Date: _____ <input type="checkbox"/> Placed on Wait List mailed, Date: _____	
<input type="checkbox"/> Not Accepted into TRiO SSS <input type="checkbox"/> Letter of Non-Acceptance mailed, Date: _____ Reason Not Accepted: _____	
Eligibility: * <input type="checkbox"/> LI & FG (1) <input type="checkbox"/> LI (2) <input type="checkbox"/> FG (3) <input type="checkbox"/> Dis (4) <input type="checkbox"/> Dis & LI (5)	
Director's Signature: _____	Date: _____

ACADEMIC INFORMATION:		
College: Gavilan College	Major:	Where do you plan to Transfer?:
Have you attended another school/college before coming to Gavilan <input type="checkbox"/> Yes <input type="checkbox"/> No		
School/College attended:	Dates attended:	
<i>Please attach copies of unofficial transcripts from every college attended. Middle College or 1st semester students may attach copies of unofficial High School transcripts.</i>		
EMPLOYMENT INFORMATION:		
Do you work? <input type="checkbox"/> No <input type="checkbox"/> Yes	How many hours per week? _____	Where? _____
FEDERAL LOW-INCOME ELIGIBILITY: (for students who have taxable income only , not TANSF, SSI, etc.)		
Did you file an income tax form last year under your own name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did your parents or spouse claim you on their income tax form last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered Yes to any question above, you must attach a copy of your (or your family's) most recent tax return.		
If you answered No to both questions, please sign and briefly explain why a tax return was not filed: _____		

Are you <input type="checkbox"/> Dependent or <input type="checkbox"/> Independent of your parents or spouse? (You are dependent if your parents or spouse claimed you on their taxes; otherwise, you are independent).		Number of persons dependent on Family income:
Indicate last year's gross taxable income:		
<input type="checkbox"/> \$0 to \$15,600 (1) <input type="checkbox"/> \$15,601 to \$21,000 (2) <input type="checkbox"/> \$21,001 to \$26,400 (3) <input type="checkbox"/> \$26,401 to \$31,800 (4) <input type="checkbox"/> \$31,801 to \$37,200 (5) <input type="checkbox"/> \$37,201 to \$42,600 (6) <input type="checkbox"/> \$42,601 to \$48,000 (7) <input type="checkbox"/> \$48,001 to \$53,400 (8)		
Circle those areas you need assistance in:		
<input type="checkbox"/> Financial Aid Assistance <input type="checkbox"/> Study Skills <input type="checkbox"/> Career Guidance <input type="checkbox"/> Test Anxiety <input type="checkbox"/> Personal Counseling		
<input type="checkbox"/> Orientation to College <input type="checkbox"/> Tutorial Assistance <input type="checkbox"/> Service Referrals <input type="checkbox"/> Computer Access <input type="checkbox"/> Other:		
PROGRAM STATUS:		
Please indicate which programs you have participated in the past or you are currently participating in:		
<input type="checkbox"/> EOPS/CaWORKS <input type="checkbox"/> DRC <input type="checkbox"/> MESA <input type="checkbox"/> Puente		
DISABILITY STATUS:		
Do you have a documented learning or physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are enrolled in DRC , please explain extent of disability: _____		

CERTIFICATION AND RELEASE OF INFORMATION AUTHORIZATION:	
(1) My answers on this application are true to the best of my knowledge.	
(2) I hereby authorize the release of information to the TRiO SSS staff for the purpose of monitoring my academic progress and discussing my educational status with other professionals who have a legitimate educational need to know.	
(3) I authorize the TRiO SSS Program to take my picture for the sole use of the TRiO SSS database.	
Your signature below acknowledges agreement to the three (3) statements above.	
_____	_____
Student Signature	Date

Applications are not processed without required attachments!