# 2015-2016 APPLICATION CHECKLIST

Name: ______________________________ Student ID#: G00- ______________________________

<table>
<thead>
<tr>
<th>HAVE YOU COMPLETED AND SUBMITTED...</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The TRiO Application?</td>
<td>O</td>
<td>O</td>
<td>Make sure <strong>ALL</strong> areas of application are complete: personal information, dates, signatures, e-mail.</td>
</tr>
</tbody>
</table>

## Financial Information (One of the following)- Most recent tax return

1. **Dependent Student**

   Tax Return (Copy of parents **signed** 1040, 1040a or 1040EZ) | O   | O  | Make sure the second page is signed. |

2. **Independent Student**

   Tax Return (Copy of students **signed** 1040, 1040a or 1040EZ) | O   | O  | Make sure the second page is signed. |

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**Were you in TRIO at another college?**

**If so, which college and when?** ____________________________

Applications can be submitted to: **trio@gavilan.edu** or by dropping it off at the MESA/TRiO Center (MA 115). Applications and more information can be found at: [www.gavilan.edu/trio](http://www.gavilan.edu/trio)

Revised: August 20, 2014
# APPLICATION

## STUDENT INFORMATION:

<table>
<thead>
<tr>
<th>Social Security:</th>
<th>Student ID Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>G00-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Maiden Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Cell Phone:</th>
<th>Work Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## PRELIMINARY ELIGIBILITY:

- **Are you an EOPS Student?**
  - O Yes (Stop, you do not qualify)
  - O No (Please continue)

- **Do you plan to enroll in at least 9 units or more at Gavilan College in Fall 2014?**
  - O Yes (Please continue)
  - O No (Stop, you do not qualify)

- **Are you a U.S. Citizen or Permanent Resident? (A#: )**
  - O Yes (Please continue)
  - O 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?**
  - O Yes (Please continue)
  - O No (Stop, you do not qualify)

- **Has at least one (1) parent/guardian received a four (4) year college degree in the U.S.?**
  - O Yes (Stop, you do not qualify)
  - O No (Please continue)

## DEMOGRAPHIC INFORMATION:

<table>
<thead>
<tr>
<th>Date of Birth:*</th>
<th>Gender:*</th>
<th>Marital Status:</th>
<th>Program Entry Level:*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O Male</td>
<td>O Single</td>
<td>O 1st yr., never attended</td>
</tr>
<tr>
<td></td>
<td>O Female</td>
<td>O Married</td>
<td>O 1st yr., attended before</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>O 2nd yr./sophomore</td>
</tr>
</tbody>
</table>

- **Ethnicity:**
  - O American Indian or Alaskan Native (1)
  - O Hispanic or Latino (4)
  - O More than one race (7) ________________
  - O Asian (2)
  - O White (5)
  - O Black or African-American (3)
  - O Native Hawaiian or other Pacific Islander (6)

## EMPLOYMENT INFORMATION:

- **Do you work?**
  - O No
  - O Yes

- **How many hours per week? **__________

- **Where?** ______________________________________________________________________
### Income Eligibility:

Have you applied for Financial Aid (i.e. FAFSA and/or BOG Fee waiver)?

- O Yes
- O No

Are you a former or current Foster Youth?

- O Yes
- O No

**Are you □ Dependent or □ Independent of your parents or spouse?**

(Student(s) are considered dependent of their parent’s until the age of 24, unless recognized as independent under a Financial Aid exception)

- Number in Household:

**Total Adjusted Gross Income from Parent/Guardian 2014 Federal Income Tax:**

### Assistance Needs:

Circle those areas you need assistance in:

- Financial Aid Assistance
- Study Skills
- Career Guidance
- Test Anxiety
- Personal Counseling
- Orientation to College
- Tutorial Assistance
- Service Referrals
- Computer Access
- Other:

### Disability Status:

**Do you have a documented learning or physical disability?**

- O Yes
- O 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 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 agree to participate in the scheduled TRIO activities Coordinated by the TRIO staff, including the student conference, university visits and leadership workshops.

Your signature below acknowledges agreement to the three (3) statements above.

- **Student Signature**
- **Date**

- **Parent Signature (if under 18)**
- **Date**

### Office Use Only:

- **Intake date:**
- **O Taxes Attached**

- **Acceptance:**
- **O Accepted** into TRIO Program
- **O Letter of Acceptance mailed, Date:**
- **O Placed on Wait List mailed, Date:**

- **O Not Accepted** into TRIO Program
- **O Letter of Non-Acceptance mailed, Date:**
- **Reason Not Accepted:**

**Eligibility:**

- **O LI & FG (1)**
- **O LI (2)**
- **O FG (3)**
- **O Dis (4)**
- **O Dis & LI (5)**

- **Director’s Signature:**
- **Date:**

**Updated:** 9/24/14