

Recommended by: _____

Date Received: _____



2017-2018 APPLICATION CHECKLIST

Name: _____

Student ID#: G00- _____

COMPLETED?			
HAVE YOU COMPLETED AND SUBMITTED...	YES	NO	COMMENTS
The FAFSA Application for 2017-2018? Date Submitted: _____	<input type="radio"/>	<input type="radio"/>	Apply at: http://www.fafsa.ed.gov
The TRiO Application?	<input type="radio"/>	<input type="radio"/>	Make sure ALL areas of application are complete: personal information, dates, signatures, e-mail.
Financial Information (One of the following)- Most recent tax return			
<i>1. Dependent Student</i>	YES	NO	COMMENTS
Tax Return (Copy of parents signed 1040, 1040a or 1040EZ)	<input type="radio"/>	<input type="radio"/>	Make sure the second page is signed.
<i>2. Independent Student</i>			
Tax Return (Copy of students signed 1040, 1040a or 1040EZ)	<input type="radio"/>	<input type="radio"/>	Make sure the second page is signed.

Were you in TRiO at another college? _____

If so, which college and when? _____

Your Major? _____

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: _

<http://www.gavilan.edu/student/trio/>



APPLICATION

STUDENT INFORMATION:				
Student ID Number: G00-				
Last Name:		First Name:		Middle Name:
Address:	City:	State:	Zip:	
Phone:		Cell Phone:		
E-Mail Address:				
PRELIMINARY ELIGIBILITY:				
Are you an EOPS Student? <input type="radio"/> Yes (Stop , you do not qualify) <input type="radio"/> No (Please continue)				
Do you plan to enroll in at least 9 units or more at Gavilan College in Fall 2017? <input type="radio"/> Yes (Please continue) <input type="radio"/> No (Stop , you do not qualify)				
Are you a U.S. Citizen or Permanent Resident? (A#: _____) <input type="radio"/> Yes (Please continue) <input type="radio"/> 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? <input type="radio"/> Yes (Please continue) <input type="radio"/> No (Stop , you do not qualify)				
Has at least one (1) parent/guardian received a four (4) year college degree in the U.S.? <input type="radio"/> Yes (Stop , you do not qualify) <input type="radio"/> No (Please continue)				
DEMOGRAPHIC INFORMATION:				
Date of Birth:*	Gender:*	Marital Status:	Program Entry Level:*	
	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Single <input type="radio"/> Married	<input type="radio"/> 1st yr., never attended <input type="radio"/> 1st yr., attended before <input type="radio"/> 2nd yr./sophomore	
Ethnicity: * <input type="radio"/> American Indian or Alaskan Native (1) <input type="radio"/> Asian (2) <input type="radio"/> Black or African-American (3) <input type="radio"/> Hispanic or Latino (4) <input type="radio"/> White (5) <input type="radio"/> Native Hawaiian or other Pacific Islander (6) <input type="radio"/> More than one race (7) _____				
EMPLOYMENT INFORMATION:				
Do you work? <input type="radio"/> No <input type="radio"/> Yes How many hours per week? _____				
Where? _____				

INCOME ELIGIBILITY:	
Have you applied for Financial Aid (i.e. FAFSA and/or BOG Fee waiver)?	<input type="radio"/> Yes <input type="radio"/> No
Are you a former or current Foster Youth?	<input type="radio"/> Yes <input type="radio"/> No
Are you <input type="checkbox"/> Dependent or <input type="checkbox"/> Independent of your parents or spouse? (Students 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 2015 Federal Income Tax:	
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?	<input type="radio"/> Yes <input type="radio"/> 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:	<input type="radio"/> Taxes Attached
Acceptance:	
<input type="radio"/> Accepted into TRIO Program <input type="radio"/> Letter of Acceptance mailed, Date: _____ <input type="radio"/> Placed on Wait List mailed, Date: _____	<input type="radio"/> Not Accepted into TRIO Program <input type="radio"/> Letter of Non-Acceptance mailed, Date: _____ Reason Not Accepted: _____
Eligibility: * <input type="radio"/> LI & FG (1) <input type="radio"/> LI (2) <input type="radio"/> FG (3) <input type="radio"/> Dis (4) <input type="radio"/> Dis & LI (5)	
Director's Signature:	Date: