

Part I: Student Information

TRiO



★ ★ ★ SoCal ★ ★ ★
VETERANS
UPWARD BOUND
SANTA ANA COLLEGE

Date: ____/____/____ (mm/dd/yyyy)

First Name: _____ Last Name: _____ MI: _____

SAC Student ID: ____ _

Date of Birth: ____/____/____ (mm/dd/yyyy)

Gender: ☐ Male ☐ Female

Mailing Address

Street: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Contact Information

Email Address: _____

Cell Phone: () _____ - _____

Would you like to receive program texts?

(Counseling reminders, program info, etc.)

(Yes)

(No)

Ethnicity and Race

(Please respond to the following two questions. This information is used for the purpose of reporting to the United States Department of Education.)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

Recruitment

Please indicate how you heard about our program

- ☐ Referral from community agency
- ☐ Referral from veterans' agency (e.g., Veterans Administration, veterans' center)
- ☐ Advertisement
- ☐ Projects web site
- ☐ Referral from educational institution
- ☐ Word of mouth/walk-in
- ☐ Referral from another TRIO project (e.g., Talent Search, Student Support Services, EOPS)
- ☐ Referral from Employment Development Dept/Work Center

Part II: Eligibility

Military Service

- ☐ Air Force
☐ Army

- ☐ Marine Corps
☐ Navy

- ☐ Coast Guard
☐ Reserve/NG

Was your Discharge DISHONORABLE? ☐ Yes ☐ No (Please include copy of your DD214)

Disabilities

☐ Yes, I have a disability ☐ No, I do not have a disability

(If Yes, have you contacted the Disabled Students Services Program 714-564-6264 for accommodations?)

Citizenship

- ☐ U.S. Citizen
☐ Permanent Resident

Parents' Educational Background

Did either of your parents receive a four-year degree before you reached your 18th birthday? ☐ Yes ☐ No

Educational Status (include copies of your high school or most current college transcripts)

- ☐ High school dropout ☐ High School Graduate with some college
☐ High school graduate ☐ GED/high school equivalency with some college
☐ GED/high school equivalency credential recipient

Have you ever attended any other colleges? ☐ Yes ☐ No

Previously Attended Colleges	From Month/Year	To Month/Year	Units Completed

Have you completed your Math and English requirements? ☐ Yes ☐ No

What is your planned course of study (Major)?

1. _____

☐ Undecided

2. _____

What is your academic goal while at SAC?

- ☐ Certificate ☐ AA/AS Degree Only ☐ AA/AS Degree/Transfer to 4-year University

INCOME DECLARATION

First Name: _____ Last Name: _____

Please select your income for _____ (for most recent year filed)

- | | |
|--|--|
| <input type="checkbox"/> \$0 – 18,735 | <input type="checkbox"/> \$45,256 - \$51,885 |
| <input type="checkbox"/> \$18,736 - \$25,365 | <input type="checkbox"/> \$51,886- \$58,515 |
| <input type="checkbox"/> \$25,366 - \$31,995 | <input type="checkbox"/> \$58,886 - \$65,145 |
| <input type="checkbox"/> \$31,996 - \$38,625 | <input type="checkbox"/> Over \$65,145 |
| <input type="checkbox"/> \$38,626 - \$45,255 | |

Please state your source of income for the most recent year filed

- ☐ Taxable Income (Employment)
☐ Veterans Pension
☐ Veterans Educational Benefits
☐ SSI
☐ Public Assistance
☐ Other: _____

Has your current income changed since your last filed tax year?

- ☐ Yes
☐ No

If Yes, what is your current year income: \$ _____

Current Employment Status:

- ☐ Employed Full-Time ☐ Employed Part-Time
☐ Unemployed ☐ Retired

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

Number of Children: _____ Other Dependents (not including your spouse)

IF CURRENTLY UNEMPLOYED, PLEASE COMPLETE THE FOLLOWING:

- ☐ Receive unemployment compensation
Monthly Amount: \$ _____
☐ Application still in process

Not Applicable:

- ☐ Not eligible for unemployment compensation
☐ Did not apply for unemployment compensation

FINANCIAL AID

Have you submitted your FAFSA for the current school year?
(If Yes, please attach a copy of your award letter, if applicable)

- ☐ Yes
☐ No

I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.

Signature

Date

Revised 29October2019

COMMITMENT AGREEMENT/ **AUTHORIZATION FOR RELEASE OF INFORMATION**

As a participant in the Santa Ana College TRiO Veterans Programs, I am committed to my education. To gain the full benefits of the program, I will make the commitment to my academic goals and the services provided by the TRiO Veterans Programs.

I understand and I will strive for 100% class attendance and 100% class completion. I also understand that the TRiO Veterans Program staff will review data from my application and interviews to assist in assessment my academic and career planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the TRiO Veterans Program staff permission to inquire about my class attendance, classwork, tutoring sessions, and receive grade reports; and, I give my instructors permission to release such information to TRiO Veterans Program staff when requested. The TRiO Veterans Program staff will assist me in achieving my academic goals, but only if uphold my responsibilities in accordance with the Academic Needs Assessment and Education Plan. Should I not meet the requirements and fulfill my academic goals, it may result in consequences regarding my continuation as a participant in the TRiO Veterans Programs.

I authorize the TRiO Veterans Program staff to gather information concerning all my academic progress (standardized test scores, great point average, current credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in the program.

I understand that this information is used to help determine my eligibility for the program and is kept strictly confidential. I grant permission for the TRiO Veterans Program to gather information for follow up whenever appropriate, including, but not limited to, transfer and progress to four-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I am aware that personal information provided to The TRiO Veterans Programs, will be protected under the Federal Education Rights & Privacy Act (FERPA) 1974. No one will have access to the information unless they work with, or for the TRiO Veterans Programs, or are specifically authorized by me to see the information.

LIMITATIONS OF CONFIDENTIALITY

I know there are significant expectations to the general policy of confidentiality, which may required by responsible professional practice and/or law. In the following specific instances, student information maybe disclosed without the clients consent:

1. Threats to self (such as in a case of suicidal threats or behavior)
2. Threats to others (Homicide, battery, physical injury)
3. Suspected abuse or neglect of a child or elder.
4. Court ordered subpoena
5. Any sexual contact with a minor under the age of 18.

Student Signature

Date

Printed Name

Student ID#

19June2019