



Date: _____

 Completed CAN-TRIO Program Application

Demographic Information

_____ Copy of your picture state ID or picture AHC Bulldog Card

Eligibility

_____ Student Signature

____ Parent signature (if you're under the age of 24, single, with no dependents, and no military service)

Other

____ Typed Personal Statement

Contact us with any questions concerning the **CAN-TRIO Program** and its application process.

CAN-TRIO Program

(805) 922-6966 ext.3434

canprogram@hancockcollege.edu

FOR STAFF USE ONLY

Academics

_____ Current semester schedule to verify full-time enrollment at AHC

High school transcript **OR** AHC transcript to verify GPA of 2.5 or higher

_____ If applicable, copy of other college/university **OR** high school transcripts

Other

_____ Copy of Financial Aid award letter

_____ SEP (If student already completed one at Allan Hancock College)

Verification of Citizenship/Residency

All required documents submitted on: / /

Verified by: _____

Staff Name

Staff Signature

Date _____



COLLEGE
ACHIEVEMENT
NOW

TRIO
STUDENT SUPPORT SERVICES

Program Application

Personal information is protected by the Privacy Act of 1974; only authorized individuals and the U.S. Dept. of Education have access to the information provided. The information provided is used to determine eligibility to the **TRIO**/Student Support Services Program (**TRIO** /SSS) at Allan Hancock College (AHC).

DEMOGRAPHIC INFORMATION

1. Name: _____
Last Name First Name M.I.
2. H#: _____
3. AHC Email: _____ @my.hancockcollege.edu
4. Mailing Address: _____
Street Address/ P.O. Box # City State Zip Code
5. Phone Number: (____) _____ (____) _____
Area Code Home Phone # Area Code Cell Phone #
6. Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female
Month Day Year
7. Please indicate the race/ethnicity you relate to the most: **(Check all those that apply)**
☐ American Indian/Alaskan Native ☐ Hispanic/Latino/Chicano(a)
☐ White ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ Black or African American

ELIGIBILITY

Federal Regulations require the **TRIO** /SSS Program to obtain household and income information to determine eligibility for each student applying to participate.

8. For Financial Aid Purposes, are you considered: ☐ Independent **OR** ☐ Dependent
A dependent student is under the age of 24, single, with no dependents, and no military service.
9. Please indicate household size: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ _____
10. Please indicate total **family annual 2020 TAXABLE INCOME**: *Taxable Income is the total AFTER your deductions are taken. This can be found using the IRS form 1040: use line 15.*
\$ _____
11. Have you filed a Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No
12. Did either of your parents receive a bachelor's degree from a four-year college or university? ☐ Yes ☐ No
13. Do you have any physical or learning disabilities? ☐ Yes ☐ No
If yes, are you registered with the Learning Assistance Program at AHC? ☐ Yes ☐ No
14. Are you a U.S. Citizen or Permanent Resident? ☐ Yes ☐ No
If applicable, permanent residency number: _____

ACADEMICS

15. Have you attended any other college/university?

☐ Yes ☐ No

If yes, please indicate name of college/university: _____

Please include copy of other college/university's transcript

16. Have you declared a major?

☐ Yes ☐ No

If yes, please indicate declared major(s): _____

17. What areas best describe your academic need (s) (*Check all that apply*)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Low Grades | <input type="checkbox"/> Need for Academic Support | <input type="checkbox"/> Limited English Proficiency |
| <input type="checkbox"/> Low Placement Test Scores | <input type="checkbox"/> Learning/Physical Disability | <input type="checkbox"/> Out of School for More Than 5 yrs. |
| <input type="checkbox"/> Educational/Career Goals | <input type="checkbox"/> Other: _____ | |

OTHER

18. High school attended: _____

Name of High School

City

State

Year Graduated

19. Have you applied for or participated in any of the following programs?

Check all that apply

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> EOPS | <input type="checkbox"/> CalWORKS | <input type="checkbox"/> LAP | <input type="checkbox"/> None |
| <input type="checkbox"/> MESA | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Work Study Program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NextUp (prev. foster youth) | <input type="checkbox"/> Veteran / Veteran Center | | |

PERSONAL STATEMENT

Please type a response (between 200- 500 words) answering each of the following questions and attach your typed responses to this application:

1. Tell us about yourself and your personal background (e.g. family, community, etc.).
2. Please tell us about your educational and career goals and any challenges that may affect you in achieving them.

EQUAL OPPORTUNITY

Thank you for applying to the TRIO/Student Support Services Program at Allan Hancock College. All applicants will be considered without regard to race, color, religion, national origin, sexual orientation, marital status or disability.

DECLARATION

I certify that I have read and agree to the conditions outlined in the application. I, the undersigned, declare under penalty of perjury that all the information reported on this application is true, complete and accurate to the best of my knowledge.

I understand that any incorrect information on this application may affect my eligibility to receive services from the TRIO/SSS Program at AHC.

I hereby authorize any school, college or university to release any academic or financial aid information from my files that is requested by the TRIO/SSS Program at AHC. **I hereby give permission for my photographs, written statements, and creative or academic work to be used by the TRIO/SSS Program and AHC for promotional, publicity or instructional purposes** and/or be used on the TRIO/SSS Program's website.

Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Disclosure Statement

The TRIO/SSS Program at AHC is funded through a Federal TRIO Grant from the U.S. Department of Education. Annual Funding is \$253,032 (100%) total funds.