

APPLICATION CHECKLIST

Student's Name: _____

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

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)**

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino/Chicano(a)
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> 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 TAXABLE INCOME**: *Taxable Income is the total AFTER your deductions are taken. This can be found using the IRS form 1040: use line 10b.*
 \$ _____
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*)?

- Low Grades
- Low Placement Test Scores
- Educational/Career Goals
- Need for Academic Support
- Learning/Physical Disability
- Other: _____
- Limited English Proficiency
- Out of School for More Than 5 yrs.

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

- EOPS
- MESA
- NextUp (prev. foster youth)
- CalWORKS
- Financial Aid
- LAP
- Work Study Program
- Veteran / Veteran Center
- None
- Other: _____

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.