

NAME _____
First Middle Last

ADDRESS _____
Street City State Zip Code

Home Telephone () _____ Cell Telephone () _____

MyAVC Email: _____@avc.edu

Responding to the questions below is necessary for use in statistical reporting only and will not be a factor in admission to Student Support Services. All information is kept confidential.

<p>Birth Date _____ <small>Month Day Year</small></p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/></p> <p>Ethnicity: Please check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <p>U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Has either parent graduated from a 4-year College? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a documented physical or learning disability with AVC OSD? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you applied for financial aid? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Will you be receiving financial aid? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Amount awarded (if known): _____</p> <p>Type of Aid <input type="checkbox"/> Pell Grant <input type="checkbox"/> Scholarship <input type="checkbox"/> Student Loan <input type="checkbox"/> Work Study <input type="checkbox"/> Vocational Rehabilitation</p>
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High School _____ Graduation Year _____ GED Yes No If yes, GED Date _____

First Enrolled at AVC: Semester _____ Year _____ AVC College units earned _____ AVG GPA _____

Have you decided on a Major? Yes No AVC major considering or declared _____

College(s) attended prior to AVC: _____ Hours Earned _____ GPA _____
 _____ Hours Earned _____ GPA _____

Are you planning to transfer to a four-year university? Yes No

If Yes, please list your choice of university: _____

CONFIDENTIAL FAMILY INCOME INFORMATION

The United States Office of Education requires that we obtain family income information from all participants served by Student Support Services. ALL INFORMATION IS HELD IN STRICT CONFIDENCE, AND WE WILL ADHERE TO THE REGULATIONS PROVIDED IN THE Family Rights and Privacy Act of 1974.

IF YOU HAVE NOT FILLED OUT THE FASFA OR WILL NOT BE APPLYING FOR FINANCIAL AID, PLEASE PROVIDE A COPY OF 1040, 1040A, or 1049EZ. (We will be glad to make a copy of your forms for you.)

Do your parents claim you on their income tax as a dependent? Yes No

If you did not file income tax, did you receive: Wages, salaries, or tips: Yes No

Number of persons residing in your home (including yourself) _____

Do you receive any of the following: Disability Unemployment
 AFDC Veteran's Benefits
 Social Security Other

Place a check beside the range of taxable family income for last calendar year:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$18,090 | <input type="checkbox"/> \$30,631 - \$36,900 | <input type="checkbox"/> \$49,441 - \$55,710 |
| <input type="checkbox"/> \$18,091 - \$24,360 | <input type="checkbox"/> \$36,901 - \$43,170 | <input type="checkbox"/> \$55,711 - \$61,980 |
| <input type="checkbox"/> \$24,361 - \$30,630 | <input type="checkbox"/> \$43,171 - \$49,440 | <input type="checkbox"/> More than \$61,981 |

I declare that the information given is true and correct to the best of my knowledge and give consent to release any information associated with academic, financial aid, or counseling services. I understand that this information is confidential and withholding information on this application or giving false information will make my application ineligible for admission to the STAR/TRIO SSS program. *I understand that the STAR Program can assist me in achieving my goals only if I fulfill my obligations to the program, and that failure to meet my responsibilities can result in termination from the program.* **The completed form should be submitted from the student's AVC email to star@avc.edu.**

Signature of Applicant

Date

OFFICE USE ONLY: Program Eligibility: LI/FG LI FG DSS DSS/LI

Citizen/residency requirement met: Yes No Academic Need Type: Choose 1 - 11: _____

Academic potential/motivation indicated by: _____

Director's Approval/Admitted Acceptance _____ Date: _____

Denied Date: _____ Reason: _____

Staff Signature: _____ Date: _____