



STAR PROGRAM APPLICATION

Student ID No. _____

NAME _____			
First	Middle	Last	
ADDRESS _____			
Street	City	State	Zip Code
Home Telephone () _____		Cell Telephone () _____	
E-Mail (Personal or MyAVC): _____			

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.

Birth Date _____
Month Day Year
Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/>
Ethnic ___ American Indian or Alaska Native
___ Asian
___ Black or African-American
___ Hispanic or Latino
___ White or Caucasian
___ Native Hawaiian or other Pacific Islander
___ More than one race
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>

Has either parent graduated from a 4-year College?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a documented physical or learning disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for financial aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be receiving financial aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount awarded (if known): _____	
Type of Aid ___ Pell Grant	
___ Scholarship	
___ Student Loan	
___ Work Study	
___ Vocational Rehabilitation	

High School _____	Graduation Year _____	GED Yes <input type="checkbox"/> No <input type="checkbox"/>	GED Date _____
First Enrolled at AVC: Semester _____	Year _____	AVC College units earned _____	AVG GPA _____
Have you decided on a Major? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please list your choice of university. _____			

Continue to complete back of form

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 <input type="checkbox"/> No <input type="checkbox"/>		
If you did not file income tax, did you receive: Wages, salaries, or tips: Yes <input type="checkbox"/> No <input type="checkbox"/>		
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	
Were you born before July 1, 1982? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Place a check beside the range of taxable family income for last calendar year:		
___ Less than \$14,355	___ \$24,136—\$29,025	___ \$38,806—\$43,695
___ \$14,356—\$19,245	___ \$29,026—\$33,91	___ \$42,696—\$48,585
___ \$19,246—\$24,135	___ \$33,915—\$38,805	___ More than \$48,586



<p>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.</p> <p><i>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.</i></p>	
Signature of Applicant	Date

OFFICE USE ONLY: Program Eligibility: LI/FG <input type="checkbox"/> LI <input type="checkbox"/> FG <input type="checkbox"/> DSS <input type="checkbox"/> DSS/LI <input type="checkbox"/>	
Citizen/residency requirement met: Yes <input type="checkbox"/> No <input type="checkbox"/>	Academic Need Type: Choose 1 – 11: _____
Academic potential/motivation indicated by: _____	
Director's Approval/Admitted Acceptance _____	Date _____
Denied Date: _____	Reason: _____
Staff Signature: _____	Date: _____