**STAR PROGRAM APPLICATION**

**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.*

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male ☐</td>
<td>Female ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Marital Status: Single ☐ Married ☐ Single Parent ☐

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 ☐ No ☐

Are you a veteran? Yes ☐ No ☐

| Has either parent graduated from a 4-year College? | Yes ☐ No ☐ |
|-------------------------------------------------|___________|
| Do you have a documented physical or learning disability? | Yes ☐ No ☐ |
| Have you applied for financial aid? | Yes ☐ No ☐ |
| Will you be receiving financial aid? | Yes ☐ No ☐ |
| Amount awarded (if known): | __________________________ |

<table>
<thead>
<tr>
<th>Type of Aid</th>
<th>☐ Pell Grant</th>
<th>☐ Scholarship</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Student Loan</td>
<td>☐ Work Study</td>
<td>☐ Vocational Rehabilitation</td>
</tr>
</tbody>
</table>

High School: __________________________ Graduation Year: ________ GED Yes ☐ No ☐ 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: __________________________

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 □ 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

Were you born before July 1, 1982? Yes □ No □

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

___ Less than $14,356  ___ $24,136—$29,025  ___ $38,806—$43,695

___ $14,356—$19,245  ___ $29,026—$33,915  ___ $42,696—$48,585

___ $19,246—$24,135  ___ $33,915—$38,805  ___ More than $48,586

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.

__________________________________________     ______________________________________
Signature of Applicant                                                  Date

ANTELOPE VALLEY COLLEGE

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: ____________________________