

Interest Form

Student Information

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 (SSS) at Allan Hancock College (AHC).

DEMOGRAPHIC INFORMATION

1. Name: _____ 2. H#: _____
 Last Name First Name M.I.
3. Phone Number: (____) _____ (____) _____
 Can you receive texts at this #: YES NO Alternate Phone Number

ELIGIBILITY

4. Are you a U.S. Citizen or Permanent Resident? YES NO
5. Did either of your parents receive a bachelor's degree from a four-year college or university? Yes No
6. Do you have any physical or learning disabilities? Yes No
 If yes, are you registered with the Learning Assistance Program at AHC? Yes No

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

7. Please indicate household size: 1 2 3 4 5 6 7 8 _____
8. Please indicate total **family annual TAXABLE INCOME from 2019**: Taxable Income is the total **AFTER** your deductions are taken. This can be found using the IRS form 1040: use line 11b; \$ _____
9. 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"/> Educational/Career Goals |
| <input type="checkbox"/> Out of School for More Than 5 years | | <input type="checkbox"/> Other: _____ |
10. Are you a participant in any of the following programs? **Check all that apply**
- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> EOPS/CARE | <input type="checkbox"/> NextUP | <input type="checkbox"/> DREAM Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Veteran Success Center | <input type="checkbox"/> Learning Assistance Program (LAP) | <input type="checkbox"/> Men's Support | |
| <input type="checkbox"/> MESA | <input type="checkbox"/> CalWorks | <input type="checkbox"/> PUENTE | |

EQUAL OPPORTUNITY

Thank you for your interest in 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 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.

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 \$261,888 (100%) total funds.