



**STUDENT APPLICATION**  
**SRJC HOPE Program**

*\*Please write email legibly & check your email often, the HOPE Center contacts students via email when there are spaces available.*

<b>Student Name:</b>		<b>SRJC ID:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Email:</b>		<b>Cell Number:</b>	

**I. PERSONAL BACKGROUND**

<b>Date of Birth:</b>	/   /	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
<b>Do you have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pronouns:</b>	
<b>Ethnicity:</b>	<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Hispanic or Latino		

**II. FIRST GENERATION VERIFICATION: Highest level of education completed by yourself/your parents**

<b>Mother:</b>	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None of the above
<b>Father:</b>	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None of the above
<b>Yourself:</b>	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None of the above

**III. EDUCATION**

High School		
<b>High School attended:</b> _____	<b>H.S. GPA:</b> _____	<b>Date received:</b> ___/___/___
<b>Which did you receive?:</b> <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> None	<b>Have you been out of school for more than 5 years?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
SRJC		
<input type="checkbox"/> Currently Enrolled at SRJC <input type="checkbox"/> Plan to enroll at SRJC		
<b>Date of enrollment:</b> ___/___/___	<b>College semester units completed:</b> _____	<b>Current GPA:</b> _____
<b>Current units enrolled in:</b> _____ Semester: _____ Year: _____	<b>Do you have an education plan on file?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What is your educational plan?:</b> <input type="checkbox"/> Certificate only <input type="checkbox"/> AA/AS only <input type="checkbox"/> AA/AS w/Transfer <input type="checkbox"/> Transfer only		
<b>What is your major, or which program are you enrolled in?:</b> _____		
<b>What campuses have you considered transferring to?</b>	<b>Have you participated in any of the following? (Check all that apply)</b>	
1. _____	<input type="checkbox"/> AVID <input type="checkbox"/> MESA <input type="checkbox"/> EOPS <input type="checkbox"/> HEP <input type="checkbox"/> DRD <input type="checkbox"/> CalWORKS	
2. _____	<input type="checkbox"/> Other: _____	

Office Use ONLY:	Interview:	Qualification:	Date Stamp
Waiting list: _____	Date: _____	<input type="checkbox"/> First Gen <input type="checkbox"/> Academic <input type="checkbox"/> Low Income <input type="checkbox"/> HAAS <input type="checkbox"/> DRD	
Initial Email: _____	Time: _____		
Interest Email: _____	Interview by: _____		



IV. FINANCIAL AID INFORMATION	
Have you <i>applied</i> for Financial Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you <i>received</i> Financial Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If no, why? _____
Have you <i>applied</i> for the Board of Govenors (BOGW) Fee Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received the BOGW Fee Waiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive a Pell Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If no, why? _____
Do you need assistance to complete the Financial Aid process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IV. ESSAY:** *Please answer the following questions in a few sentences.*

1. Why did you choose to go to college, and why did you select SRJC in particular?

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2. What are your career aspirations? What do you see yourself doing five years from now? Or after you have completed your course of study?

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3. Is there anything else you would like to share with us that may help us assist you in meeting your educational goals?

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I certify, under penalty of perjury under the laws of the State of California, that I have provided complete and accurate responses to all the items on this application. I further certify all official documents submitted in support of this application are authentic and unaltered records that pertain to me. My signature certifies the accuracy and completeness of the information provided. and releases SSS/TRiO to obtain educational documents to determine and/or enhance the effectiveness of the program and services provided to me. I also give my permission for SSS/TRiO personnel to share information with appropriate educators and college representatives as necessary to support my educational progress and academic success.

STUDENT SIGNATURE (Please sign by hand & submit to HOPE Center)

**For more information contact:**  
 hopecenter@santarosa.edu  
 707-524-1520

DATE

**Return Application to:**  
 SRJC HOPE Program  
 1st Floor Emeritus Building Room #1575  
**Or mail to:**  
 Santa Rosa Junior College  
 Daisy Cardenas  
 Program Coordinator, SRJC HOPE  
 Santa Rosa Junior College  
 1501 Mendocino Ave.  
 Santa Rosa, CA 95401