



STUDENT APPLICATION
SSS TRiO HOPE Program

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

Student Name:		SRJC ID:			
Address:		City:	State:	Zip:	
Email:		Cell Number:			

I. PERSONAL BACKGROUND			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	Date of Birth:	____/____/____
Ethnicity:	<input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (<i>Specify</i>): _____	Do you have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you a Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		INS Number: (required after interview)	_____

II. FIRST GENERATION VERIFICATION: <i>Highest level of education completed by yourself/your parents</i>			
Mother:	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None of the above		
Father:	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None of the above		
Yourself:	<input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> None of the above	<i>*Our federal grant does not allow us to serve students with a 4 yr degree.</i>	

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

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?

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?

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

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:
 SSS TRiO HOPE Program
 1st Floor Emeritus Building Room #1575
Or mail to:
 Santa Rosa Junior College
 Jeannie Dulberg, MA, MFT
 Director, SSS TRiO HOPE Grant
 Santa Rosa Junior College
 1501 Mendocino Ave.
 Santa Rosa, CA 95401