



## APPLICATION

STATEMENT OF CONFIDENTIALITY: The information you provide in this application is confidential according to the Family Rights and Privacy Act. Please provide us with all information requested on this form in order to best serve you. The U.S. Department of Education has the authority to gather the information requested in this application (20 USC 1231a). The only persons authorized to examine the contents of this application are the student, their parents, employees at the school attended, and authorized staff of the TRiO program.

### STUDENT INFORMATION

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade:  MS Grade \_\_\_\_\_  HS Grade \_\_\_\_\_  
 Working on GED  Completed GED  HS Graduate Year \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ and Parent Email \_\_\_\_\_

\*Are you a participant in any other college access program? (Upward Bound, College Possible, AVID, etc)?

If yes, please name program(s): \_\_\_\_\_

Student's Age: \_\_\_\_\_

### ETHNIC BACKGROUND:

- White/Caucasian  African American
- Hispanic/Latino/Chicano
- American Indian or Alaskan Native  Asian
- Native Hawaiian or Pacific Islander
- Multi-racial  Other \_\_\_\_\_

### CITIZEN INFORMATION:

Are you a citizen of the United States?  Yes  No

Or are you a Resident Alien?  Yes  No

If No, are you in the process of becoming a citizen of the United States?  Yes  No  
*(\*INS documentation required)*

Do you speak a native language other than English?

Yes  No

If yes, what is your native language? \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

The following information is required by the federal government to ensure we are providing services within guidelines and to determine the economic eligibility of each applicant. Failure to complete this section could result in delay or denial of student's admission to College First. All information is confidential and in compliance with the Federal Family Rights and Privacy Act and will be kept on file at the College First Office at Mt. Hood Community College.

<p><b>PARENT/GUARDIAN</b></p> <p>Name: _____</p> <p>Language(s) Spoken _____</p> <p>Relationship to Student:</p> <p style="text-align: center;"> <input type="checkbox"/> Parent                      <input type="checkbox"/> Stepparent  <input type="checkbox"/> Foster Parent            <input type="checkbox"/> Legal Guardian         </p> <p>Does the student live with you?            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is parent/guardian a high school graduate? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Has this person graduated from a 4-year college in the United States?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>PARENT/GUARDIAN</b></p> <p>Name: _____</p> <p>Language(s) Spoken _____</p> <p>Relationship to Student:</p> <p style="text-align: center;"> <input type="checkbox"/> Parent                      <input type="checkbox"/> Stepparent  <input type="checkbox"/> Foster Parent            <input type="checkbox"/> Legal Guardian         </p> <p>Does the student live with you?            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Is parent/guardian a high school graduate? <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Has this person graduated from a 4-year college in the United States?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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**How many people live in your household?** \_\_\_\_\_  
 (List everyone below, begin with student and include parent(s)/guardian(s))

NAME	RELATIONSHIP TO STUDENT	AGE
1.	SELF	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

**Did your family file a 2016 Tax Return?**

**IF YES,** What is your family's TAXABLE INCOME? \$ \_\_\_\_\_  
 (Use 2016 tax return) for 1040A – line 27, or 1040 - line 43, 1040EZ - line 6)

**IF NO,** Please indicate your source(s) and amount of income:

- TANF \$ \_\_\_\_\_     VA Benefits \$ \_\_\_\_\_  
 Retirement Benefits \$ \_\_\_\_\_     Food Stamps \$ \_\_\_\_\_     Social Security or Disability Benefits \$ \_\_\_\_\_  
 Foster Care Support \$ \_\_\_\_\_     Child Support/Alimony \$ \_\_\_\_\_     Other Sources (specify) \$ \_\_\_\_\_

I hereby authorize TRiO College First to contact and request grades, transcripts and other information from, as well as share information with, the student's school, teachers and counselors. I give my student (under 21) permission to participate in TRiO College First activities and authorize the publication of my son or daughter's name and/or photographs for TRiO College First promotional material. This authorization includes SAT and ACT scores and the use of the social security number to request a copy of financial aid applications, college enrollment status, and awards from federal & state funding agencies, postsecondary institutions, and the National Student Clearinghouse. Our signatures below indicate our commitment to the TRiO College First Program.

**To the best of my knowledge, all the information I have provided in this application is true.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent/Guardian Signature

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