

STUDENT APPLICATION FORM

Directions: Please answer all of the questions on this form in blue/black ink.

Statement of Confidentiality: *The information you provide will be kept confidential and used only to determine your eligibility*

STUDENT INFORMATION

and academic need for services. You may be contacted for an interview with an ACES staff member.

Name _____ Date of Birth: ____/____/____
(Last) (First) (Middle)

Permanent Address: _____ City: _____ State: _____ Zip Code: _____
(Include apt. #)

Home Telephone Number: (____) _____ - _____ Cell Number: (____) _____ - _____

Email Address: _____ Gender: Male [] Female []

Social Security Number: _____ - _____ - _____ Mt. SAC ID #: A _____

Marital Status: Single [] Married [] Separated [] Divorced [] Single Parent: Yes [] No []

Ethnic-Racial Background (you may check more than one box):

- [] American Indian/Alaskan Native [] Black/African American [] White [] Asian
[] Native Hawaiian/Pacific Islander [] Hispanic/Latino [] Other: _____

ELIGIBILITY/DOCUMENTATION

I. Citizenship Status

Are you a U.S. citizen? Yes [] No [] If no, are you a permanent U.S. resident? Yes [] No []

If applicable, Permanent Resident #: A _____ Date Issued: _____

First Generation College Student Status

Please indicate whether your parents and/or legal guardians received a four year bachelor's degree from a college or university in the United States?

Mother: Yes [] No [] Father: Yes [] No [] Legal Guardian: Yes [] No []

Please indicate the last grade each parent/guardian completed in school and circle the appropriate grade level.

	Elementary	High School Diploma	College	Degree
Mother/Guardian	1 2 3 4 5 6 7 8	9 10 11 12 Yes No	1 2 3 4 Yes No	
Father/Guardian	1 2 3 4 5 6 7 8	9 10 11 12 Yes No	1 2 3 4 Yes No	

III. Income Verification

Have you applied for financial aid? Yes No

*Please attach a copy of your most recent income tax forms (If **independent** provide YOUR tax forms, if **dependent** provide your PARENT/guardian tax forms) and your FAFSA Student Aid Report (www.fafsa.gov)

Are you currently working? Yes No If so, how many hours per week do you work? _____

IV. Disability

Do you have a **documented** disability that affects your ability to fully participate in the educational experiences and/or opportunities at Mt. San Antonio College? Yes No

If yes, have you applied for the Disabled Student Programs and Services (DSPS) at Mt. SAC? Yes No

ACADEMIC INFORMATION & NEEDS

I. Educational Background

Last High School Attended: _____ Graduation date: _____

OR GED Date: _____ GED Score: _____ What is the highest grade you completed? _____

High School cumulative GPA: _____

Have you participated in any of the following programs? (Check all that apply)

AVID Talent Search Gear UP Upward Bound

Are you currently in any of the following programs?

EOPS Bridge Aspire CARE CalWorks

Is this the first college you have attended: Yes No

If no, list the name(s) of other colleges attended:

If no, also please attach a copy of your transcripts from all other colleges/universities attended.

II. Educational Goals

What is your ultimate educational goal at Mt. SAC:

- Obtain an Associate Degree Only
- Transfer with an Associate Degree
- Transfer without an Associate Degree

Have you taken the Assessment Test for Math and English? Yes [] No []

How did you hear about the ACES Program?

PERSONAL STATEMENTS

Please respond and write a paragraph answering each of the following questions on a separate typed page. This is your chance to tell us about yourself and to determine your commitment and potential to succeed in college.

1. Tell us about yourself and your personal background (i.e. family, friends, community, etc)?
2. What are your ultimate educational and career goals?
3. Please explain any challenges that may affect you in achieving your academic, personal or career goals?

AFFIRMATION

I agree under penalty of perjury, that the above information is true and correct, and that all supplemental materials submitted verifying my eligibility for the program are accurate. I authorize the release of my information and records to the Mt. San Antonio College ACES Program to determine my eligibility for selection and for statistical reporting purposes.

Student Name (print)

Student Signature

Date

Please submit your application along with all supporting documentation to the ACES Office located on the 2nd floor of the Student Services Center.

OR mail to:

TRiO ACES Program
Mt. San Antonio College
Miracle Mile 16B
1100 N. Grand Ave.
Walnut, CA 91789

OR fax to: 909-468-4465

If you have any questions please contact Elizabeth Estevez at

eeestevez2@mtsac.edu
909-274-4411

DOCUMENT CHECKLIST

- 1. If ***Independent***: A *signed* copy of your most recent federal income tax return.*
If ***dependent***: Submit your *signed* taxes (if you file) along with a *signed* copy of your parent's most recent federal income tax return.*
- 2. A *signed* copy of your Student Aid Report(SAR) from your FAFSA www.fafsa.gov
- 3. Personal Statements: Please type and respond in complete sentences to each of the three questions. Each response needs to be at least a paragraph in length.

*students that do not provide taxes will need to provide a copy of their social security card