2013-2014 TRiO Program Application

The Long Beach City College TRiO programs are funded by a TRiO Student Support Services grant from the U.S. Department of Education. These programs serve the academic needs of first-generation, low-income and students with learning and/or physical disabilities. The TRiO Student Support Services programs include Project LAUNCH and the GO Project.

TRiO programs do not provide financial aid or scholarships; the support programs are designed to increase retention, graduation and transfer success for program participants. The programs work primarily with students interested in transferring to a 4-year college or university after receiving their AA/AS Degree at Long Beach City College. TRiO programs provide opportunities for students to learn about careers and educational opportunities beyond Long Beach City College.

Project LAUNCH and the GO Project assist participants through effective counseling, academic support including one-on-one tutoring and supplemental instruction, exposure to transfer institutions, career and self-development workshops, and assistance with the financial aid, scholarship and transfer processes.

To be considered for Project LAUNCH or the GO Project, please complete the attached application and submit the required documentation to: Long Beach City College, TRiO Program, 1305 E. Pacific Coast Hwy, Long Beach, CA 90806. The information you provide will be kept confidential and used only to determine your eligibility for the program. For additional information please call (562) 938-3201 or (562) 938-3233.

Please make note of the following before submitting your application:

☐ You must be willing and eligible to take Math 110 or higher

☐ You must be enrolled in 9 or more units* at Long Beach City College, with the goal to transfer to a four-year institution upon graduating with an AA/AS degree or Certificate from Long Beach City College.
  *A student taking less than 9 units may still be eligible for the program if verification supports the need for a reduced course load through the Disabled Student Programs & Services office.

☐ Answer ALL questions on the application, including responses to the supplemental questions.

☐ You must have completed a 2013-2014 Free Application for Federal Student Aid (FAFSA) on file with Long Beach City College.

☐ Attach a copy of your 2012 federal income tax return (form 1040, 1040-A, 1040-EZ). If you are 24-years old or younger, please attach your parent’s tax forms.

☐ Sign the application certifying the information you have provided is correct. If you have any questions or need assistance completing the application, please call or stop by the TRiO Programs Office located on the Pacific Coast Campus, Room EE-105.

We look forward to helping you reach your educational goals!
STUDENT INFORMATION

Name: _____________________________________________________________________________________________

Last       First       Middle

LBCC Student ID# ___________________________ Social Security # ___________________________
(required and used for reporting purposes only)

Address: ___________________________________________________________________________________________

Street       City       State       Zip Code

Phone numbers: (Home) _______________________________ (Cell/Other) ________________________________

Email address: ______________________________________________________________________________________

Date of birth: _________________________ Gender: ________________ Marital status: _______________

Are you a Veteran? ☐ Yes ☐ No

Are you a foster youth or ward of the court? ☐ Yes ☐ No

Do you have children? ☐ Yes ☐ No

Ethnicity: (check one)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American
☐ Hispanic or Latino ☐ White ☐ Native Hawaiian or other Pacific Islander
☐ More than one race (please list): ___________________________________________________________________

How can the TRIO program best support your educational goals? (Check all that apply)
☐ Transfer counseling ☐ Personal counseling ☐ Skill development workshops
☐ Academic counseling ☐ Financial and economic literacy ☐ Field trips to colleges and universities
☐ Career counseling ☐ Scholarship application assistance ☐ Educational and cultural activities
☐ Financial Aid counseling ☐ Tutoring

PROGRAM ELIGIBILITY

Federal regulations state that in order to be eligible for a TRIO Program an applicant must: (1) Be a U.S. citizen or permanent resident, (2) Be low-income and/ or a first generation college student and/ or have a verified disability, and (3) have an academic need that the program is able to assist. The following questions will help the program determine your eligibility.

Citizenship Status
☐ United States Citizen ☐ Permanent Resident Permanent Resident Card # ___________________________

(Attach a copy of Permanent Resident card)

Income Verification
Are you receiving Financial Aid for this current academic year? ☐ Yes ☐ No

If yes, are you classified as: ☐ Dependent ☐ Independent

You must attach a copy of your 2011 income tax form (Form 1040, 1040-A, or 1040-EZ). If you are classified as independent, please provide your tax form. If classified as dependent, provide the tax form of your parents or guardians.

First Generation College Student Status

Did either of your parents (natural or adoptive), receive a bachelor’s degree from a college or university?

Mother: ☐ Yes ☐ No ☐ Don’t know  Father: ☐ Yes ☐ No ☐ Don’t know
Verified Disability
Do you have a verified physical or learning disability that you need assistance with in order to participate in the educational opportunities at Long Beach City College? □ Yes □ No

If yes, are you registered with the LBCC Disabled Student Program and Services (DSPS)? □ Yes □ No

Type of Disability
☐ Physical
☐ Vision
☐ Hearing
☐ Learning Disability
☐ Psychological
☐ Other: ________________________________________________________________

Academic Need (Please check all that apply)
☐ I am currently taking a preparatory level Math and/or English course (example: ENGL 801AB, MATH 815)
☐ I have a high school or college GPA below a 2.50
☐ I have been, or currently am, on Academic Probation or Academic Disqualification
☐ I have multiple withdrawals ("W") in degree or transfer required courses
☐ I have difficulties passing transfer level courses
☐ English is not my native language
☐ I have been out of school for more than 5 years
☐ I am not aware of the transfer application process to a four-year institution
☐ I am not aware of the financial aid application process

EDUCATIONAL HISTORY AND GOALS

Current major(s): __________________________________________________________

What is your educational goal at LBCC: (only check one)
☐ Obtain an Associate Degree only    ☐ Transfer with an Associate Degree    ☐ Transfer without an Associate Degree

What semester and year do you think you will graduate and/or transfer (example: Fall 2014)? ______________________

Where would you like to transfer? (Please list in order of preference)
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

College(s) previously attended: ________________________________________________

Are you a High School graduate?    ☐ Yes    ☐ No

If yes, please list high school name and graduation date: __________________________

High school cumulative GPA: ___________ ACT/SAT score(s): ___________

If you did not graduate from high school, did you finish a GED or high school completion program?    ☐ Yes    ☐ No

If yes, please list the month and year completed: ________________________

Have you participated in, or currently in, any of the following programs: (Check all that apply)

☐ EOPS/CARE    ☐ CALWORKS    ☐ Veterans Affairs
☐ International Student    ☐ Disabled Student Program & Services    ☐ Upward Bound
☐ PUENTE    ☐ Long Beach Promise Pathways    ☐ Project LAUNCH
☐ GO Project
1. What are your educational goals and how do they support your ultimate career goal?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2. What are the potential circumstances that might get in the way of you reaching your academic or career goals?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3. Is there anything else that should be taken into consideration in evaluating your application to the TRIO Student Support Services Program?

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

CERTIFICATION

I certify that the information submitted on this application is true and correct, and that all documentation is accurate. I authorize the release of my information and academic records to the TRIO SSS program to determine my eligibility for the program and for statistical reporting purposes. I understand that the goal of TRIO SSS is to increase the retention, graduation, and transfer rates of program participants; therefore, if admitted into the program, I will actively participate in the TRIO program until I complete my educational goal at LBCC.

Student Signature ___________________________ Date ___________________________

Please submit your completed application to the TRIO SSS office in EE-105 (PCC).

STAFF USE ONLY

Date Application Received: ___________________________ Notes:

Received By: ___________________________ Code(s): LI/FG FG LI D D/LI

☐ Project LAUNCH ☐ GO Project

Approved By: ___________________________ Date: ________

Director’s Initials: __________ Date: ________