



ASPIRE Program Application Chabot College

FALL: _____ SPRING: _____

NAME: _____ SSN#: _____
Last First MI

ADDRESS: _____ CITY: _____ ZIP CODE: _____
Number and Street Apt #

HOME PHONE: _____ MESSAGE #: _____ E-MAIL: _____

GENDER: Male Female AGE: _____ DATE OF BIRTH: ____/____/____
MO DAY YR

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

RESIDENCY:

- Are you a US Citizen or National? Yes No
- If no, are you a permanent Resident applying for residency? Yes No
Alien Registration Card Number: _____ Expiration Date: _____
(You must provide proof of card at time of application submission. Photocopies not allowed.)

PERSONAL BACKGROUND:

- Ethnic Identify/Background: (Select One)
 African-American American-Indian/Alaskan Native Asian (specify) _____
 Caucasian Chicano/Mexican American Middle Eastern (Specify) _____
 Filipino Latino Pacific Islander (specify) _____
 Decline to State
- Is English your primary language? Yes No If not, what is your primary language? _____

EDUCATIONAL BACKGROUND:

- Do you have: High School Diploma GED Non-graduate
- Date of High School diploma, GED or last High School attendance: ____/____/____
MO YR
- Father's Highest Educational Level: Non-High School Grad High School Grad 4 year-College Grad
- Mother's Highest Educational Level: Non-High School Grad High School Grad 4 year-College Grad
- Have you ever attended Chabot College before? Yes No Units Completed _____
- Have you attended other colleges? Yes No If yes, please list all colleges and universities including Chabot:

College or University	City and State or Foreign Country	Date Attended (Month/Year)	Degrees/Units Completed

CHABOT PROGRAM INFORMATION:

- Are/were you a participant of EOP? Yes No CARE CalWORKS
- Are you registered with DSPS? Yes No
- Will you allow ASPIRE to receive statistical information from DSPS? Yes No
- Are you receiving financial aid? Yes No Check all that apply:
 Cal A/Cal B Grant Pell Grant Work Study BOG Fee Waiver

ECONOMIC BACKGROUND:

1. Are you Dependent or Independent of your parents? (you are considered dependent if you parents claimed you on their taxes last year, otherwise, you are considered independent.)
2. Marital Status: Single Married Separated Divorced Widowed
3. Total number of family members in household, including yourself _____
4. Check your family's adjusted gross income for last year (include only taxable income, not AFDC, SSI, etc) If dependent, include your parents' as well as your own income. If independent, include your (and if married, your spouse's) income.

<input type="checkbox"/> Under-\$14,355	<input type="checkbox"/> \$14,355-\$19,245	<input type="checkbox"/> \$19,245-\$24,135	<input type="checkbox"/> \$24,135-\$29,025
<input type="checkbox"/> \$29,025-\$33,915	<input type="checkbox"/> \$33,915-\$38,805	<input type="checkbox"/> \$38,805-\$43,695	<input type="checkbox"/> \$43,695-\$48,585
5. Are you or your family receiving TANF Food Stamps Medi-Cal SSDI SSI

WHAT IS YOUR PRINCIPAL EDUCATIONAL GOAL?:

1. Transfer to a four-year institution without an A.A. degree
2. Transfer to a four-year institution with an A.A. degree
3. To obtain an A.A. degree
4. To obtain an A.S. degree
5. To obtain a certificate or license
6. To acquire new job skills
7. To complete credits for High School Diploma
8. None of the above or other (specify): _____
9. If you checked 1 or 2 which four-year institution do you plan to attend? _____
10. What is your proposed major? _____
11. Have you taken the Chabot basic assessment tests? Yes No (If yes, which ones and when?)
 English on ___/___ Math on ___/___
12. Have you taken the : Learning Skills Inventory (LSI) on ___/___
 Learning and Study Skills Inventory (LASSI) on ___/___
13. Have you taken any Career Aptitude Assessments? Yes No (If yes, which ones and when?)
 CHOICES on ___/___
 STRONG on ___/___
 Myers-Briggs on ___/___
 Other (Specify) _____

ASPIRE is a federally funded program under TRIO Student Support Services in the U.S. Department of Education. Students wishing to participate in the program's activities must meet certain eligibility requirements set forth by the Department of Education. I hereby affirm that all information on this form is true and complete to the best of my knowledge. I agree to provide proof of my income, which may include a copy of my and/or my parent's or spouse's U.S. income tax forms.

YOUR SIGNATURE: _____ **DATE:** _____

For Office Use Only:

Eligibility Category

- Low-Income & First Generation
- Low-Income Only
- First Generation Only
- Disabled
- Disabled and Low-Income

Proof Of Eligibility

- LI Documents Attached _____
- DI Documents Attached _____
- Other _____

Project Entry Date: _____ Cohort Year: _____

Director Signature: _____ Date: _____