



# STUDENT EQUITY PROGRAM APPLICATION

**STAFF USE ONLY**  
 Date received: \_\_\_\_\_  
 Eligible  Not eligible  
 Date admitted: \_\_\_\_\_  
 Mentor assigned: \_\_\_\_\_

<b>LEGAL NAME:</b>		<b>PREFERRED NAME:</b>	
<b>DATE OF BIRTH:</b>	<b>GENDER:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>STUDENT ID #:</b>
<b>MAILING ADDRESS:</b> <small>(Include: city, state and zip code)</small>		<b>EMAIL:</b>	
<b>HOME PHONE:</b>		<b>CELL PHONE:</b>	
<b>BEST WAYS OF CONTACT</b> <input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Other :			
<b>HIGH SCHOOL GRADUATE</b>		<b>CITIZENSHIP STATUS:</b>	
<input type="checkbox"/> Yes (YEAR) _____ <input type="checkbox"/> No		<input type="checkbox"/> Non-Citizen <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident	
<b>ACADEMIC GOALS:</b>		<b>ACADEMIC STATUS:</b>	
<input type="checkbox"/> Earn an AA degree in (list major) _____ <input type="checkbox"/> Transfer to a 4-year (name of school) _____ <input type="checkbox"/> Earn a certificate in (list title of cert.) _____ <input type="checkbox"/> Other—please describe: _____		<input type="checkbox"/> I enrolled/intend to enroll full-time (12 units) <input type="checkbox"/> I enrolled/intend to enroll part-time (less than 12 units) <input type="checkbox"/> Estimated graduation date: _____	
<b>DID YOUR PARENTS GRADUATE FROM A 4-YEAR COLLEGE?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>ARE YOU ELIGIBLE FOR ENROLLMENT FEE WAIVER (BOGFW)?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
<b>PREVIOUS YEAR TOTAL INCOME:</b> <small>(Reported on U.S. Income Tax Return)</small>	<b>DEPENDENT STUDENT</b> PARENT(S)/REGISTERED DOMESTIC PARTNER INCOME ONLY \$ _____	<b>INDEPENDENT STUDENT</b> STUDENT (& SPOUSE'S / RDP) INCOME \$ _____	
<b>HOW MANY FAMILY MEMBERS IN YOUR HOUSEHOLD?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 or more			
<b>MARITAL AND FAMILY STATUS</b>			
<input type="checkbox"/> Single, with no children <input type="checkbox"/> Single, with children—(# of children): _____ <input type="checkbox"/> Married, no children <input type="checkbox"/> Married, with children—(# of children): _____			
<b>DO YOU HAVE A DOCUMENTED DISABILITY?</b>			
<input type="checkbox"/> Yes, I have a documented disability. $\rightarrow$ Do you receive services through the DRC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, I do not have a documented disability <input type="checkbox"/> No, I do not have a documented disability, but I would like to take some tests to increase my academic success			
<b>ARE YOU A VETERAN?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ARE YOU HOMELESS?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DO YOU CURRENTLY WORK?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>ARE YOU A FORMER FOSTER YOUTH?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HOW DID YOU HEAR ABOUT THE PROGRAM?</b>	
<b>IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU?</b>			
<b>ARE YOU IN ANY OTHER PROGRAMS AT LTCC? (I.E. EOPS, CALWORKS, VTEA ETC.)</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please list the programs: _____	
<b>PLEASE CHECK ANY THAT APPLY:</b>			
<input type="checkbox"/> I received my GED <input type="checkbox"/> I am interested on more information about Financial Aid <input type="checkbox"/> I had low grades in high school <input type="checkbox"/> I am interested on information on low income housing <input type="checkbox"/> I want help raising my college grades <input type="checkbox"/> I am interested to find out more about programs at LTCC <input type="checkbox"/> I am not 100% sure about my educational goals or my major			
<b>ETHNICITY:</b>			
<input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> Non-Hispanic/Latino			
<b>RACE:</b>			
<input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Am. <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<b>ACADEMIC SUPPORT:</b>			
WHICH SUBJECTS DO YOU NEED HELP WITH?			
<b>WHICH OF THE FOLLOWING SERVICES ARE YOU MOST INTERESTED IN?</b>			
<input type="checkbox"/> Being mentored <input type="checkbox"/> Participating in Equity Cultural Events <input type="checkbox"/> Academic Support <input type="checkbox"/> Becoming a mentor <input type="checkbox"/> Transfer Field Trips to Universities <input type="checkbox"/> Counseling <input type="checkbox"/> Book lending <input type="checkbox"/> Academic Success Workshops <input type="checkbox"/> Tutoring <input type="checkbox"/> School supplies <input type="checkbox"/> Laptop Lending			

*I understand that upon acceptance of the Equity Program, I am required to meet with an academic counselor once a quarter, turn in a progress report mid-quarter and any other documentation that is asked of me.*

*I certify that the information I have provided is true and is accurate to the best of my knowledge. I understand that falsification or misrepresentation of the information provided may invalidate my application.*

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_