



# Equity Application

### Staff Use Only

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Eligible     Not Eligible

Date admitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mentor Assigned: \_\_\_\_\_

Program entry level:

1<sup>st</sup> year (<45 units)     2<sup>nd</sup> year (45+units)

**Legal Name:** \_\_\_\_\_

(Print your name as stated on your birth certificate or ID card)

**Preferred name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender:**  Male  Female  Other  Decline to state gender

**Mailing Address:** \_\_\_\_\_

PO Box or Street Address

City

State

Zip Code

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I can receive text messages

**What are the best TWO ways to contact you?**    1. \_\_\_\_\_ 2. \_\_\_\_\_

**Academic Goals:**     Earn an AA degree in (list major) \_\_\_\_\_

Earn a certificate in (list title of cert.) \_\_\_\_\_

Transfer to a 4-year school (name of school) \_\_\_\_\_

Other—please describe: \_\_\_\_\_

**Did you graduate from high school?**

Yes: \_\_\_\_\_

Date of graduation

No

**Citizenship:**

Non-Citizen

US Citizen

Legal Permanent Resident

**Academic status:**

I enrolled/intend to enroll full-time (12 units)

I enrolled/intend to enroll part-time (less than 12 units)

Estimated graduation date: \_\_\_\_\_

**Did the parent(s) you lived with while growing up graduate from a 4-year college?**     Yes     No

**I am eligible and am a recipient of the Enrollment Fee Waiver (BOGFW)**     Yes     No

**Previous year TOTAL income:**

(Total income—Include Adjusted Gross Income reported on 2015 U.S. Income Tax Return and ALL money received such as disability, child support, military living allowance, Workman's Compensation, untaxed pensions)

**DEPENDENT STUDENT**

PARENT(S)/REGISTERED

DOMESTIC PARTNER

INCOME ONLY \$ \_\_\_\_\_

**INDEPENDENT STUDENT**

STUDENT (& SPOUSE'S/RDP)

INCOME

\$ \_\_\_\_\_

**How many family members live in your household?**     1     2     3     4     5     6     7 or more

**Marital and Family Status:**

Single, no children

Married, no children

Single, with children

Married, with children

# of children: \_\_\_\_\_

# of children: \_\_\_\_\_

**Do you have a documented disability of any kind?**

**Yes**, I have a documented disability.

↳ If YES, do you receive services through the Disability Resource Center?  Yes  No

**No**, I do not have a documented disability

**No**, I do not have a documented disability, but I would like to take some tests to increase my academic success

<p><b>Other Information</b></p> <p><b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you a former foster youth?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Do you currently work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>How did you hear about the program?</b> _____</p> <hr/> <p><b>Is there anything else you would like us to know about you?</b></p> <hr/> <hr/> <p><b>Are you involved in any other programs at LTCC (i.e. EOPS, CalWORKs, VTEA etc.):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list the programs: _____</p> <hr/>	<p><b>Please check at least one item in this box:</b></p> <p><input type="checkbox"/> I received my GED</p> <p><input type="checkbox"/> I had low grades in high school</p> <p><input type="checkbox"/> I want help raising my college grades</p> <p><input type="checkbox"/> I am not 100% sure about my educational goals or my major</p> <p><input type="checkbox"/> I am interested on more information about Financial Aid</p> <p><input type="checkbox"/> I am interested on information on low income housing</p> <p><input type="checkbox"/> I am interested to find out more about programs at LTCC</p>
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**Ethnicity (check one):**  Hispanic/Latino of any race  Non-Hispanic/Latino

**Race (check at least one if they apply):**  American Indian or Alaska Native  Asian  Black or African American

White  White-Hispanic  Native Hawaiian or Other Pacific Islander

**Academic Support** I could use some help in these subjects: \_\_\_\_\_

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**Which one of the following services are you most interested in? (Can check more than one but must check at least one):**

Being mentored  Becoming a mentor  Academic Support  Counseling  Book lending  Tutoring

Participating in Equity Cultural Events  Transfer Field Trips to Universities  Academic Success Workshops

*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

**\*\*\*Please submit the following documentation with your application:**

- A copy of your class schedule for the upcoming quarter
- A list of books needed for courses –For *Book Lending* (LTCC Book Store website: ltcc.bncollege.com and print items)