



**Los Angeles Valley College
5800 Fulton Ave. Valley Glen, CA 91401**

Before you submit your application, make sure that you have the following required information to be a participant in this program.

CHECKLIST

- Complete the application.
- Be enrolled in at least 9 units Fall and Spring Semesters with an educational goal of graduation and transfer.
- Have taken your assessment test in English and Math.
- Attach a copy of your most recent federal income tax return, or your parent's federal income tax return if they claim you as a dependent.
- If you or your parents have not filed an income tax return, come to the office for an alternate form. If you have any other form showing proof of low income, bring that to the office.
- Attach a copy of your Award letter from financial aid if you have it. If not, bring it to the office when you receive it.
- Attach a copy of documentation of your disability (if applicable).
- Attach a copy of transcripts for all colleges attended.

Please submit this completed application to Los Angeles Valley College Student Support Services Program in Room 228 in the Student Services Center. if you have any questions, contact Barbara Schneider at (818) 947-2483 or via email at schneib@lavc.edu.

WE LOOK FORWARD TO HAVING YOU IN OUR PROGRAM!



This application will determine your eligibility for the TRIO/Student Support Services program. All information will be kept confidential. The U.S. Department of Education requires proof that the funds will be used for only eligible students. Therefore, you must attach a copy of your most recent income tax form (without the attachments or schedules). Documentation of disability, if applicable, is also required.

Date: ____ / ____ / ____

Student Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone No. (____) ____ - ____ Cell/Other (____) ____ - ____

E-Mail address: _____

SSN: ____ - ____ - ____ and Student ID _____

Gender: ____ M ____ F Birth Date: _____

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced

Are you a single parent? ____ Yes ____ No

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Armenian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Multi-racial |

Is English your first language? ____ Yes ____ No if no, what is your primary language? _____

Employed: ____ Yes ____ No If yes, how many hours each week? _____

Eligibility:

Are you a U.S. Citizen? _____ Yes _____ No

If no, are you a permanent resident? _____ Yes _____ No Registration # _____

Did your parent(s) receive a degree from an accredited four-year college university?

Mother: _____ Yes _____ No

Father: _____ Yes _____ No

Have you applied for financial aid? _____ Yes _____ No

(Note: Documentation will be obtained from Financial Aid office)

Do you have a disability? _____ Yes _____ No

Describe (optional) _____

Educational Needs & Interests – Mark all that apply

___ Academic Counseling

___ Career Counseling

___ Tutorial/Mentoring

___ Cultural Activities

___ Math

___ Personal Counseling

___ English

___ Transfer Information

___ Other

___ College Visits

___ Study Skills

___ Class Scheduling

___ Financial Aid Assistance

___ Other

Educational Background & Goals

High School Attended: _____

Diploma _____ Year of Graduation _____

GED _____ Date of GED _____ (What is the highest grade you completed?) _____

High School GPA: _____

College GPA: _____

Have you been out of school 5 yrs. or more? _____ Yes _____ No Year you last attended school? _____

Is this the first college you have attended: _____ Yes _____ No

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

Date you enrolled at Los Angeles Valley College: _____

Current English Level: _____ Current Math Level: _____

Current College Status: ___ Full-time ___ Part-time ___ Number of Credits enrolled this semester

What is your educational goal? ___ AA/AS Degree ___ Transfer ___ AA/AS Degree & Transfer

Are you a: ___ freshman 1-29 units ___ Sophomore 30 units or more

What is your major? _____

What semester and year do you hope to transfer? _____

Prospective Transfer Institution _____

Personal & Background Information

Please answer the following questions. Use additional paper if needed.

What is your personal background? Please tell us something about your family.

Why do you want to continue your education? What are your career/life goals?

What are your greatest challenges while in college?

**How did you hear about TRIO? Why do you want to be part of this program?
What would you like to get out of your participation?**

Tell us about your strengths and weaknesses.

Describe your hobbies and extracurricular activities.

Are you in any of the following campus programs: _____ EOP&S _____ Cal Works _____ Puente

Affidavit of Truth Statement

I state that to the best of my knowledge the information on this form is true and accurate. I understand that in order to be eligible for the TRIO program. I must enroll in 9 or more semester units and maintain a 2.0 G.P.A each semester. I agree to follow all the requirements of the TRiO/SSS program. I agree to provide any documentation necessary to verify information for participation. I also agree to provide follow up information and to allow LAVC to request future college transcripts after I transfer or graduate.

Student Signature: _____ **Date:** _____