



**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 currently enrolled in Fall or Spring Semesters with an educational goal of graduation and transfer. Enrolled in \_\_ units.
- 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.
- or
- If you or your parents have not filed an income tax return, come to the office for an alternate form.
- Attach a copy of documentation of your disability (if applicable).
- Attach a copy of High School or College transcripts.
- Attach a copy of college ID.

Please submit this completed application to Los Angeles Valley College Student Support Services Program, if you have any questions, contact the TRIO office at (818) 947-2487 or via email at [santhead@lavc.edu](mailto:santhead@lavc.edu).

The Student Support Services Program at LAVC is 100% Federally Funded by the U.S. Department of Education.



**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

**College Information**

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: \_\_\_\_\_

English Level: \_\_\_\_\_

Math Level: \_\_\_\_\_

Current College Status:  Full-time

Part-time

Number of Credits enrolled this semester

**Educational Background**

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? \_\_\_\_\_

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: \_\_\_\_\_



**PERMISSION TO RELEASE INFORMATION**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all the information I have provided is true and correct. I understand the TRiO/SSS staff will use the data provided on these forms to assist in assessing academic needs, and that all of the information will be kept confidential.

I give my permission to the TRiO/SSS staff to review, release, obtain, and/or make copies of all necessary documents to determine my needs and eligibility for the program in order to provide essential services and enhance the effectiveness of the program and/or my success.

To assure my academic success, I give my permission for the TRiO/SSS staff to contact my instructors to determine my progress. The information will be shared with me and used to determine if additional help is needed.

I agree to provide follow up information and to allow LAVC to request future college transcripts after I transfer or graduate.

I give my permission to use photographs, quotes or statements in any publications for Student Support Services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_