

<p>Disability / Accommodations: Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> unsure</p> <p>If yes, disability type: <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical</p> <p>Did you have an I.E.P or 504 plan in K-12? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> unsure</p> <p>If you have a Learning Disability, do you have accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress</p> <p>Services you are receiving: <input type="checkbox"/> DSPS <input type="checkbox"/> Learning Services <input type="checkbox"/> Not applied yet</p>	<p>Academic Information: Are you a high school graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, List High School Name: _____</p> <p>If you are not H.S. Graduate, did you complete a GED? <input type="checkbox"/> No <input type="checkbox"/> Yes, list month & year completed: _____</p> <p>If you are a recent high school graduate, do you plan on taking a Summer Course? <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> Maybe* (*see staff for benefits of taking a summer course)</p>
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Academic History:
 List ALL colleges, universities, trade or technical schools attended since high school, **INCLUDING** Napa Valley College:

College / University Attended	Dates of Attendance
1.	
2.	

<p>English Placement Test: <input type="checkbox"/> I have completed the English Placement Test <input type="checkbox"/> I have NOT completed the English Placement Test <input type="checkbox"/> Used scores from the following Institution: _____</p>	<p>Math Placement Test: <input type="checkbox"/> I have completed the Math Placement Test <input type="checkbox"/> I have NOT completed the Math Placement Test <input type="checkbox"/> Other: _____</p>
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<p>Degrees/Certificates Earned: Do you have a previous degree from another institution? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____</p> <p>Have you received or applied for a degree and/or certificate from Napa Valley College? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Transfer Information: Which 4-year school system are you interested in applying to for transfer. (check all that apply)</p> <p> <input type="checkbox"/> California State University (CSU) <input type="checkbox"/> University of California (UC) <input type="checkbox"/> Private College <input type="checkbox"/> Out of State <input type="checkbox"/> Historically Black Colleges and Universities </p>
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<p>Major(s) / Interest: List the major(s) you are interested in or have decided:</p> <p>1. _____</p> <p>2. _____</p>	<p>Transfer Institutions: List the 4-year school(s) you are interested in transferring to:</p> <p>1. _____</p> <p>2. _____</p>
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Check List for Joining the SSS TRIO Program

- Completed SSS TRIO Application Official Transcript other institution(s) (If applicable) High School Transcript (unofficial)
 Completed English & Math Placement tests Signed Federal Tax Form(s) (Page 1 & 2 your/parents most recent Form 1040, 1040A, 1040 EZ)

Privacy Act In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are notified that the Department of Education is authorized to collect information to implement the Student Services Program under the Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.

Disclaimer and Certification: Please initial on the lines provided that you have read and agree to each statement.

I authorize Student Support Services TRIO Program staff to obtain academic records or data pertinent to my participation from other departments, and programs including financial aid information prior to my participation and throughout my involvement in SSS TRIO. _____
 I understand that if I enroll in any phase of the SSS TRIO program; I am REQUIRED to schedule and attend 3 appointments with my advisor and participate in activities (Counseling 97, group sessions, tutoring, college tours, etc.) designed to achieve my academic goal and to promote personal growth. _____
 If I do not follow through with my "Mutual Agreement Contract", I will be terminated from the SSS TRIO Program and will not be able to re-enter the program. _____
 I may be asked to provide my Social Security card or Permanent Resident card for verification of my legal name. _____

I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*If you are not yet 18, you must have a parent or guardian co-sign this application.