

Academic Year: \_\_\_\_\_

Cohort: \_\_\_\_\_

Los Angeles Harbor College  
**TRIO Program – Student Support Services**  
*Project Academic Success Action Plan*  
**Application**

**Personal Information**

Name: \_\_\_\_\_ Gender:  Male  Female

SSN#: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am a citizen of \_\_\_\_\_  
Country

If you are not a United States Citizen, please complete:

Permanent Resident \_\_\_\_\_  
 Temporary Resident(Visa) \_\_\_\_\_ Permanent Resident or Visa Number  
 Refugee, Asylee (Visa) \_\_\_\_\_  
Issue/Adjustment Date

Ethnic Identify: (Please Check)

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian, White        | <input type="checkbox"/> Filipino                        |
| <input type="checkbox"/> Other Hispanic          | <input type="checkbox"/> Asian                           |
| <input type="checkbox"/> Mexican-American        | <input type="checkbox"/> Pacific Islander, Samoan        |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> American Indian, Alaskan Native |
| <input type="checkbox"/> Decline to State        |  |

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**Education and Academic Need**

**Career Goal:**

Major: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Associate of Arts Degree                       | <input type="checkbox"/> Associate of Science Degree                        |
| <input type="checkbox"/> Certificate in a Vocational Area or university | <input type="checkbox"/> Transfer curriculum leading to a four-year college |

What academic challenges do you think the TRIO-Student Support Services (Project ASAP) Program can help you with?

- |  |  |
|--|--|
| <input type="checkbox"/> Specific Problem in English | <input type="checkbox"/> College Probation                       |
| <input type="checkbox"/> Specific Problem in Math    | <input type="checkbox"/> Specific Deficiency (Please note) _____ |
| <input type="checkbox"/> Reading Skills              | <input type="checkbox"/> Problems with Study Skills              |
| <input type="checkbox"/> Writing Skills              | <input type="checkbox"/> Other _____                             |

Please indicate the type of services you are interested in:

- |  |  |
|--|--|
| <input type="checkbox"/> Registration              | <input type="checkbox"/> Tutorial Assistance           |
| <input type="checkbox"/> Academic Counseling       | <input type="checkbox"/> Special Workshops             |
| <input type="checkbox"/> Career Counseling         | <input type="checkbox"/> Special Equipment             |
| <input type="checkbox"/> Personal Counseling       | <input type="checkbox"/> Liaison with Campus/Community |
| <input type="checkbox"/> Academic Enrichment       | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Financial Aid counseling  | _____  |
| <input type="checkbox"/> English proficiency (ESL) | _____  |
| <input type="checkbox"/> Study skills              |  |

**Eligibility**

**Financial Aid:**

What type of benefits are you currently receiving?

- |   |  |
|---|--|
| <input type="checkbox"/> Aid to Families with Dependent Children (TANF) | <input type="checkbox"/> General Relief (GR)   |
| <input type="checkbox"/> Supplemental Social Security (SSI)             | <input type="checkbox"/> Financial Aid (FAFSA) |
| <input type="checkbox"/> Financial Aid Fee Waiver                       | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Department of Rehabilitation                   | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> GAIN (Greater Avenues for Independence)        | <input type="checkbox"/> Other: _____          |

**Disability:**

- |  |  |
|--|--|
| <input type="checkbox"/> ADD/ADHD                | <input type="checkbox"/> Orthopedic Condition: _____ |
| <input type="checkbox"/> Arthritis (Type: _____) | <input type="checkbox"/> Respiratory Condition       |
| <input type="checkbox"/> Blind/Vision Impairment | <input type="checkbox"/> Seizure Disorder            |

**Disability:**

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- Cardiac Disease
- Cerebral Palsy
- Deaf/Hearing Impairment
- Learning Disability
- Multiple Sclerosis

Neurological: \_\_\_\_\_

Psychological:  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical \_\_\_\_\_  
\_\_\_\_\_

First Generation College Student :  Yes  No

If you answered yes, please check below all items that apply.

Your **mother's**

Highest degree:

- 8th grade
- H.S. diploma
- Associate's
- Bachelor's
- Master's
- Doctoral
- Unknown

Your **father's**

highest degree:

- 8th grade
- H.S. diploma
- Associate's
- Bachelor's
- Master's
- Doctoral
- Unknown

Your **guardian's**

highest degree:

- 8th grade
- H.S. diploma
- Associate's
- Bachelor's
- Master's
- Doctoral
- Unknown

Were you living with your mother prior to your 18<sup>th</sup> birthday?

Yes  No

Were you living with your father prior to your 18<sup>th</sup> birthday?

Yes  No

Were you living with your guardian prior to your 18<sup>th</sup> birthday?

Yes  No

**STATEMENT OF AGREEMENT AND CONSENT:**

I authorize Project Academic Success Action Plan to use my name and/or picture in articles/newsletters and to gather information from financial aid reports, transcripts and other necessary information in order to provide me with the services that I have requested. I also authorize Project ASAP to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the following specified purposes:

- a. student demographic
- b. program evaluation
- c. needs assessment
- d. federal reporting
- e. other administrative purposes

**STATEMENT OF VERIFICATION:**

To the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Student's Signature and Date:

\_\_\_\_\_  
Director's Signature and Date