



Student Application

ACCESS @ Mission College
 3000 Mission College Boulevard, Room C1-117
 Santa Clara, CA 95054 (408) 855-5192
http://missioncollege.org/student_services/access/index.html

Date: _____

REFERRAL INFORMATION:

What influenced you **MOST** in applying to the ACCESS program? [please **check only one (1)**]

- Info Booth/ Presentation (date: _____) Friend (name: _____)
 Counselor/ Instructor (_____) Other (_____)

PRELIMINARY ELIGIBILITY:

Are you enrolled in, at least, nine (9) units at Mission College?

- Yes (Please continue) No (**Stop**, you do not qualify)

Are you a U.S. Citizen or Permanent Resident? (A#: _____) *please attach copy of Permanent Resident card*

- Yes (Please continue) No (**Stop**, you do not qualify)

Do you intend to Graduate with an A.A./A.S. degree and/or Transfer to a four (4) year University?

- Yes (Please continue) No (**Stop**, you do not qualify)

Have you (or at least one (1) parent/guardian) received a four (4) year college degree in the U.S.?

- Yes (Please continue) No (Please continue)

REQUIRED STUDENT INFORMATION:

Social Security: _____ - _____ - _____		Student ID: _____	
Last Name: _____	First Name: _____	Middle Name: _____	Maiden Name: _____
Address: _____		City: _____	State: _____ Zip: _____
Phone: _____	Cell Phone: _____	Work Phone: _____	
E-Mail address: _____			

DEMOGRAPHIC INFORMATION:

Date of Birth:* ____ / ____ / ____	Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Program Entry Level:* <input type="checkbox"/> 1st yr., never attended college before <input type="checkbox"/> 1st yr., less than 30 units completed <input type="checkbox"/> 2nd yr., 30 units or more completed
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Ethnicity: [please select only one (1)] *

- American Indian or Alaskan Native (1) Asian (2) Black or African-American (3)
 Hispanic or Latino (4) White (5) Native Hawaiian or other Pacific Islander (6)
 More than one race (7) _____

OFFICE USE ONLY:	
Screening Date: _____	With (Staff): _____
Acceptance: <input type="checkbox"/> Accepted into ACCESS <input type="checkbox"/> Not Accepted into ACCESS <input type="checkbox"/> Letter of Acceptance mailed, Date: _____ <input type="checkbox"/> Letter of Non-Acceptance mailed, Date: _____ <input type="checkbox"/> Placed on Wait List mailed, Date: _____ Reason Not Accepted: _____	
Eligibility: * <input type="checkbox"/> LI & FG (1) <input type="checkbox"/> LI (2) <input type="checkbox"/> FG (3) <input type="checkbox"/> Dis (4) <input type="checkbox"/> Dis & LI (5)	
Director's Signature: _____	Date: _____

ACADEMIC INFORMATION:

Do you have a high school diploma or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What year did you graduate high school or complete the GED? _____		
Have you attended another college/university before coming to Mission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your major at Mission? <input type="checkbox"/> _____ <input type="checkbox"/> undecided		

FEDERAL LOW-INCOME ELIGIBILITY:

Did you apply for Financial Aid using FAFSA.ed.gov?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you qualify for Financial Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEPENDENCY STATUS:

Are you a **Dependent** or **Independent** student?

*You are **independent** if you fit one of the following: you are 24 years of age or older; you are an orphan or ward of the court; you are a veteran of the U.S. Armed Forces; you are married or in a Registered Domestic Partnership; you have children who receive more than 50% of support from you; or the Financial Aid Office has deemed you as such.

Otherwise, you are considered a **dependent** student.

Please indicate which benefits you receive and bring verification:

Food Stamps MediCal SSI/SSDI TANF OTHER: _____

PROGRAM STATUS:

Please indicate which programs you are currently participating in:

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DISABILITY STATUS:

Do you have a documented learning or physical disability? Yes No

If you are enrolled in **DISC**, please explain the extent of disability:

Briefly explain why you want to join the ACCESS Program: _____

CERTIFICATION AND RELEASE OF INFORMATION AUTHORIZATION:

(1) My answers on this application are true to the best of my knowledge.

(2) I hereby authorize the release of information to the ACCESS staff for the purpose of monitoring my academic progress and discussing my educational status with other professionals who have a legitimate educational need to know.

(3) I authorize the ACCESS Program to take my picture for the sole use of the ACCESS database.

(4) Meeting minimum eligibility requirements is not a guarantee of acceptance into the ACCESS Program.

Your signature below acknowledges agreement to the three (4) statements above.

Student Signature Date

Applications are not processed without required attachments!

1. Unofficial Transcripts from other colleges/universities attended. Middle College or 1st semester students may attach copies of unofficial High School transcripts.
2. Copy of Mission College Math, English and Reading Assessment scores.
3. Copy of your Financial Aid Award Letter. If you did not apply, bring a copy of **your** most recently filed taxes. If you are a **dependent** student, you must also bring a copy of your parent's/guardian's taxes. If you did not file, attach a brief statement of why you did not file and sign.
4. Proof of government resource verification if you receive benefits.
5. Copy of Permanent Resident Card if applicable.