



STAR is funded by a \$293,297 grant from the
U.S. Dept of Education, TRIO Programs.
Participants must meet eligibility criteria before
services are rendered. All information is kept confidential.

Please answer all questions completely.

Section I: Personal Data

Name _____ Home Phone _____

CSID _____ Cell Phone _____

Birthday _____ Email _____

Gender Female Male

My social security number is on file with the registrar's office. Yes No (If no, please provide a copy of your ss card.)

Are you Hispanic or Latino? Yes No

What is your race? American Indian or Alaskan Native Yes No
Asian Yes No
Black or African American Yes No
White Yes No
Native Hawaiian or Pacific Islander Yes No

Are you a U.S. citizen or national or meet residency requirements for Federal Financial Aid? Yes No

Current Grade Level 1st time Freshman Freshmen (1-29 units) Sophomore (30-59 units) 60+ units

Do you have a 2 or 4-yr college degree? Yes No

What other colleges have you attended? _____

Section II: Eligibility

1. Are you 24 years of age or older? Yes No
2. Are you married? Yes No
3. Do you have children? Yes No Children's ages: _____
4. Are you a current or former foster youth? Yes No
5. Are you in the U.S. Military or a Veteran? Yes No

If you answered **Yes** to question 1, 2, 3, 4 or 5, please provide **your prior year tax return** and answer questions 6 & 7 with your financial information.
OR If you answered **No** to all questions, please provide your **parent's prior year tax return** and their information on questions 6 & 7.

6. What was your family's prior year taxable income? _____ (IRS 1040 line 43; 1040A line 27; or 1040EZ line 6)
7. How many people were claimed on your prior year tax return (including yourself)? _____
8. Did you submit a FAFSA? Yes No

Get help paying for college.

Submit a Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov.

9. At what campus do you receive financial aid? City Mesa Miramar _____
10. Do you/your parents receive state or federal assistance? (TANF, Social Security, SNAP Food Stamp...) Yes No
11. Who did you live with during your teen years — up to 18 years of age?
 Both parents Father Mother Relatives _____
12. Indicate the highest level of education completed by your parents/guardians:
 Father: High School or less Some College Bachelor's Degree or higher
 Mother: High School or less Some College Bachelor's Degree or higher
13. Please indicate which programs you are or have participated in:
 DSP&S Puente Bridges to the Baccalaureate Upward Bound
 EOPS Mesa Academy Freshmen Year Experience Talent Search

Academic Need

14. Have you been out of school for 5 or more years? Yes No
15. Have you ever been on academic probation or disqualification? Yes No
16. Have you ever received a failing grade? Yes No
17. Did you earn a high school diploma GED equivalency exam? Yes No
18. Did a counselor or teacher recommend tutoring? Yes No
19. Why do you need STAR TRiO services? _____

Educational Goal

20. What is your Educational Goal? AA/AS Certificate Transfer only AA & Transfer
21. Do you have an Educational Plan? Yes No
22. What is your Career goal? _____ Major? _____
23. When will you graduate/transfer? _____
24. What universities are you interested in transferring to? _____

Section III: Certification

I certify the information provided on this form is true to the best of my knowledge. I authorize release of information to STAR TRIO for eligibility, reporting, and to secure benefits or resources on my behalf. I acknowledge that STAR TRIO will use my personal information, including my social security number, to track my academic progress and when I transfer to other educational institutions. I authorize STAR TRIO to release my information to other TRIO programs to obtain additional services and/or facilitate my transfer to these programs. I understand that the overall goal of STAR TRIO is to increase the retention, graduation, and transfer rates of program participants, thus, I will participate in STAR TRIO activities until I complete my educational goal at San Diego Mesa College.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Your parent's signature is required if you are a dependent student.