



# APPLICATION FORM

San Juan College

EDGE (Student Support Services) is a federally funded TRiO Program under the US Department of Education (ED) that aids students in graduating from college. Program participants must meet certain requirements set forth by the ED. Please complete **all sections** to determine your eligibility. Incomplete applications will not be considered. The information you provide is strictly CONFIDENTIAL. Completion of this application does not guarantee acceptance into the EDGE program.

PLEASE PRINT

### Personal Information

Name: \_\_\_\_\_ SJC ID#: \_\_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First, Middle & Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married  Divorced/Separated

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

SJC E-Mail Address: \_\_\_\_\_@my.sanjuacollege.edu

Note: (We will be using your mailing and e-mail address to notify you of upcoming events and workshops in the program.)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Ethnicity:

White/Caucasian  Native American/Alaskan  Native Hawaiian or Pacific Islander  Hispanic/Latino  Black (African American)  Other: \_\_\_\_\_

Are you a United States Citizen?  Yes  No If not, are you a permanent resident of the U.S.?  Yes  No

Are you receiving Financial Aid?  Yes  No Number of people (including you) in household: \_\_\_\_\_ Are you married?  Yes  No

Do you live with your parents?  Yes  No Do you have any children?  Yes  No Are you a Veteran?  Yes  No

Did your mother complete a 4 year degree?  Yes  No Did your father complete a 4 year degree?  Yes  No

### Disability Status

Do you have a documented disability?  Yes  No

If yes, are you receiving assistance from Jackie McFarland in the counseling office for accommodations?  Yes  No

### Educational Information

Did you graduate High School?  Yes Graduation Year: \_\_\_\_\_  No Last Grade Completed: \_\_\_\_\_

Name of High School: \_\_\_\_\_ City & State of High School: \_\_\_\_\_

GED – Year Received: \_\_\_\_\_ City & State where GED was attained: \_\_\_\_\_

Have you attended a college other than SJC?  Yes  No If yes, where? \_\_\_\_\_

How many college credits have you completed so far?  0  1-12  13-24  25-36  37+ Current GPA: \_\_\_\_\_

What is your career/degree goal @ SJC? \_\_\_\_\_

What do you want to accomplish in college? \_\_\_\_\_

Do you plan to transfer to a four-year institution?  No  Yes If yes, where? \_\_\_\_\_

How did you hear about the EDGE program?  Counseling Office  Admissions Office  Financial Aid Office  
 Faculty Advisor  Another Student \_\_\_\_\_  Instructor \_\_\_\_\_  EDGE Staff  Flyer/Brochure   
Website  New Student Orientation  Talent Search  Other \_\_\_\_\_

I certify that all the information on this form is true and accurate to the best of my knowledge. I also authorize the SJC SSS Project (EDGE) permission to obtain and review any academic and financial documents needed to complete the application process.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Needs Assessment**

1. How much time do you devote to studying each day? \_\_\_\_\_
2. When you don't understand something in class, what do you do? \_\_\_\_\_
3. What career/degree are you pursuing? Why? \_\_\_\_\_
4. Who do you have encouraging you to attend College? \_\_\_\_\_
5. Do you currently, or have you in the past, had any challenges that prevented you from going to class or completing your degree? \_\_\_\_\_
6. How do you handle stress and solve problems? \_\_\_\_\_

**Need for Academic Support**

Please rate importance to you on a scale from 0-5. 0= NO importance      5= EXTREMELY important

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Improve writing skills | <input type="checkbox"/> Improve general study habits   | <input type="checkbox"/> Improve note taking skills | <input type="checkbox"/> Improve time management |
| <input type="checkbox"/> Improve vocabulary     | <input type="checkbox"/> Improve test taking skills     | <input type="checkbox"/> Improve math skills        | <input type="checkbox"/> Improve spelling        |
| <input type="checkbox"/> Improve GPA            | <input type="checkbox"/> Increase reading comprehension | <input type="checkbox"/> Increase reading speed     | <input type="checkbox"/> Enhance memory          |
| <input type="checkbox"/> Reduce math anxiety    | <input type="checkbox"/> Receive transfer information   | <input type="checkbox"/> Make career decisions      | <input type="checkbox"/> Plan college courses    |

Please rate items that describe you on a scale from 0-5. 0= NOT like me      5= VERY MUCH like me

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Out of school too long        | <input type="checkbox"/> May need personal counseling            | <input type="checkbox"/> Unsure of college procedures      |
| <input type="checkbox"/> Panic during test             | <input type="checkbox"/> Afraid of failing in college            | <input type="checkbox"/> Little experience on the internet |
| <input type="checkbox"/> Few computer skills           | <input type="checkbox"/> Difficulty participating in discussions | <input type="checkbox"/> Afraid I might not fit in         |
| <input type="checkbox"/> Difficulty finding child care | <input type="checkbox"/> Difficulty managing money               | <input type="checkbox"/> Difficulty meeting deadlines      |
| <input type="checkbox"/> Difficulty meeting new people |  |  |

Please rate the obstacles on a scale from 0-5 that would most likely prevent you from completing your academic goals.  
0= NOT at all      5= YES, definitely

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Poor study habits | <input type="checkbox"/> Family medical problems         | <input type="checkbox"/> Lack of money                | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Trouble sleeping  | <input type="checkbox"/> Recurring health concerns       | <input type="checkbox"/> Taking things too seriously  | <input type="checkbox"/> Problems at home      |
| <input type="checkbox"/> Bad grades        | <input type="checkbox"/> Feeling depressed or sad        | <input type="checkbox"/> Taking the wrong classes     | <input type="checkbox"/> Dealing with bills    |
| <input type="checkbox"/> Always worrying   | <input type="checkbox"/> Easily distracted               | <input type="checkbox"/> Alcohol and/or drug problems |  |
| <input type="checkbox"/> Too shy           | <input type="checkbox"/> No support from family/ friends |   |  |

Which of the following services are you interested in? (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Academic Advisement      | <input type="checkbox"/> Campus Tours- four year colleges | <input type="checkbox"/> Cultural Events/Workshops |
| <input type="checkbox"/> Financial Aid Advisement | <input type="checkbox"/> Peer Mentoring                   | <input type="checkbox"/> Tutoring                  |
| <input type="checkbox"/> Transfer Advisement      | <input type="checkbox"/> Career Counseling                | <input type="checkbox"/> Personal Counseling       |