



STEM TRiO Application

Name: _____ Citrus Student ID # _____
Last First MI

Phone Number _____ Preferred E-mail _____

The Citrus College STEM TRiO project is designed to support STEM students as they work towards degree and/or certification requirements. The project will provide participants with opportunities for academic development and will assist students navigate college requirements. Students who participate will:

- Be part of a motivated cohort of peers working towards degree/certificate completion
- Receive personalized and regular support from project staff
- Have access to personalized math tutoring
- Have opportunities to learn about how to finance college and minimize student debt

To be eligible for the STEM TRiO project students must:

30 Have declared a science, technology, engineering, math or allied health major

40 Identify with

-First-generation college student

-Low-income

-Registered with DSPS

50 Willing to meet regularly with program staff and participate in project activities.

Application Support Hours:
Monday through Friday from 1 - 2 PM
Tuesday & Wednesday from 3 - 4 PM
via Zoom ID: 973 7961 5661 or [click here to join](#)

Application Check list: (A complete application MUST have the following)

- Completed and signed STEM TRiO Application Form
- Completed and signed Required Financial Information (Page 4)
- Short Answer responses (Page 5)
- Unofficial Transcripts from ALL colleges attendef

Applicant's Signature

Date

Please, submit your complete application to:

Monica Hernandez
monicahernandez@citruscollege.edu

ELIGIBILITY

Have you participated in Summer Research Experience or one of the RISE Teams? Yes No

I. Citizenship: U.S. Citizen Permanent Resident DACA AB540

II. First-Generation Status:

From the drop down lists, please select the last grade each parent/guardian completed in school.

	Elementary	High School	Diploma	College	Degree
Mother	1 2 3 4 5 6 7 8	9 10 11 12	[] yes [] no	1 2 3 4	[] AA/AS [] BA/BS
Father	1 2 3 4 5 6 7 8	9 10 11 12	[] yes [] no	1 2 3 4	[] AA/AS [] BA/BS
Legal Guardian	1 2 3 4 5 6 7 8	9 10 11 12	[] yes [] no	1 2 3 4	[] AA/AS [] BA/BS

III. Financial Aid Status:

Have you applied for financial aid? Yes No

IV. Disability/Foster Youth Status:

Do you have a documented disability that affects your ability to fully participate in the educational experiences or opportunities at Citrus College? Yes No

If yes, have you applied for the Disabled Student Program and Services (DSPS) at Citrus College? Yes No

Are you a former or current Foster Youth? Yes No

EDUCATIONAL GOALS

What degree are you seeking at Citrus College? Certificate AA/AS Degree Undecided

Do you intend to transfer to a 4-year institution? Yes No If yes, expected transfer date _____

If yes, what transfer institutions are you interested in? _____

What is your Transfer Major? _____

RELEASE

I, _____, hereby consent to and authorize Citrus College District, herein after called Citrus College, permission to record my image and/or voice and grant Citrus College, or anyone authorized by Citrus College, all rights to use the sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of Citrus College. I agree that all rights to the sound, still, or moving images shall constitute Citrus College's property, solely and completely. I understand I will not receive compensation for posing for these sound, still or moving images.

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

FINANCIAL INFORMATION

Step 1: Answer the following questions to determine if you are “dependent” or an “independent”

- | | | |
|---|-----|----|
| 1. Are you 24 years of age or older ? | Yes | No |
| 2. As of today, are you married? (If you are separated, but not divorced also answer “Yes”) | Yes | No |
| 3. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? | Yes | No |
| 4. Are you a Veteran of the U.S. Armed Forces? | Yes | No |
| 5. Do you have children who will receive more than half of their support from you? | Yes | No |
| 6. Do you have dependents (other than your children or spouse) who will live with you and who receive more than half of their support from you? | Yes | No |
| 7. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent of the court? | Yes | No |
| 8. Are you or were you an emancipated minor as determined by a court of law? | Yes | No |
| 9. Are you or were you in legal guardianship as determined by a court of law? | Yes | No |

Step 2: Which student are you?

(If you answered **YES** to any of the questions above, please answer the questions below as an Independent)

(If you answered **NO** to any of the questions above provide parent(s) information below as a Dependent)

Independent student

Dependent student

- | | |
|---|---|
| <p>1. What is the total number of persons (including you) in your family? _____</p> | <p>1. What is the total number of persons (including you) in your family? _____</p> |
| <p>2. Taxable income for 20____ calendar year was:
(Use most recent filed tax return)</p> | <p>2. Taxable income for 20____ calendar year was:
(Use most recent filed tax return)</p> |

Adjusted Gross Income IRS Form 1040 & 1040SR 2019: Line 8b 2020: Line 11	\$
Taxable Income IRS Form 1040 & 1040SR 2019: Line 11b 2020: Line 15	\$

Adjusted Gross Income IRS Form 1040 & 1040SR 2019: Line 8b 2020: Line 11	\$
Taxable Income IRS Form 1040 & 1040SR 2019: Line 11b 2020: Line 15	\$

"By signing this application, I (we) attest that all the information is true.

Student Signature

Signature of Parent of Legal Guardian
(Dependent Student Only)

Date

Date

SHORT ANSWERS (Please type your answers below)

1. What are your educational goals? What motivates you to successfully reach these goals?

2. What personal or academic challenges must you overcome in order to reach your educational goals?

3. Is there anything you think the project staff may need to know about you that would help them better assist you? If yes, please explain.

AUTHORIZATION OF INFORMATION/STATEMENT OF AUTHENTICITY

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under 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. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. 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.

I attest that the information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the Student Support Services program.

Student Signature

Date

Name (Please Print)

Parent Signature (If student is less than the age of 18)

Date

Citrus College Media Release Form



CITRUS COMMUNITY COLLEGE DISTRICT
Division of College Advancement
Office of Development & External Relations
1000 W. Foothill Blvd., Glendora, CA 91741-1899
Tel: 626.914.8872

Release No. _____

Release
Adult/Minor

I, _____, hereby consent to and authorize Citrus Community College District, herein after
(please print)
called Citrus College, permission to record my image and/or voice and grant Citrus College, or anyone authorized by Citrus College, all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of Citrus College. I agree that all rights to the sound, still, or moving images shall constitute Citrus College's property, solely and completely. I understand I will not receive compensation for posing for these sound, still or moving images.

Signature _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____ E-mail _____

May we contact you for other External Relations promotional photos? (Circle one) Yes No

If minor, Guardian's Name _____ Minor's Name _____

Guardian's Signature _____

Witnessed by _____ Date _____