

HSI STEM SIRVIENDO APPLICATION

Thank you for your interest in HSI STEM Sirviendo! Please complete this application in order to be considered for the program.

First Name: _____ Last Name: _____

Student ID #: S _____ Preferred Name (Nickname): _____

Student Email: _____@student.cccs.edu

Note: Your student email is the one that we need in order to respond to your application.

Address: _____
Street City State Zip Code

Cell Phone Number: _____ Other Phone Number: _____

Would you like to be contacted via text messages (standard charges apply)? Yes No

How did you hear about our program?

Demographic Information

Date of Birth: _____

Gender: _____ (e.g., man, woman, non-binary, transgender, etc.)

Ethnic Origin (choose all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latino | |

Have you ever taken English as a Second Language courses? Yes No

Are you a veteran of the U.S. armed forces? Yes No

HSI STEM SIRVIENDO APPLICATION

Education

Have you previously attended any other colleges/universities? Yes No

If yes, please list the names of the colleges/universities, cities, and states.

Are you currently taking classes at CCD? Yes No

If not, when do you plan to start attending?

Fall 20___ Spring 20___ Summer 20___

Who is your current advisor? _____

Are you currently in a CCD student support program (i.e. TRIO SSS or Resource Center Program)? Yes No

If yes, which one? _____

What is your program of study/major? _____

Do you plan to earn an Associate's degree from CCD? Yes No

Do you plan to transfer to a four-year college/university? Yes No

Which college/university? _____

Which program of study/major will you pursue? _____

When do you plan to start taking classes at the four-year college/university?

Fall 20___ Spring 20___ Summer 20___

Are you the first person in your family to go to college? Yes No

If not, which family members attended and what was their highest level of degree earned?

Will you be working while attending college? Yes No

How many hours per week? _____

HSI STEM SIRVIENDO APPLICATION

Financial Information

2017 – 2018 FAFSA completed? Yes No

Current household size (including yourself)? _____

Do you have any dependent(s)/children? Yes No

Are you an independent minor or have you filed a Petition for Independence?

Yes No

Did you (and/or your parents, if you are under the age of 24) file income taxes in 2015?

Yes No

Please check the amount which best matches your (and/or your parents', if under the age of 24) **taxable income** for 2015. Please refer to line 43 on the 1040, line 27 on 1040A, or line 06 on the 1040EZ forms:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$18,090 | <input type="checkbox"/> \$18,091 - \$24,360 | <input type="checkbox"/> \$24,361 - \$30,630 |
| <input type="checkbox"/> \$30,631 - \$36,900 | <input type="checkbox"/> \$36,901 - \$43,170 | <input type="checkbox"/> \$43,171 - \$49,440 |
| <input type="checkbox"/> \$49,441 - \$55,710 | <input type="checkbox"/> \$55,711 - \$61,980 | <input type="checkbox"/> over \$61,981 |

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Please submit your completed application at the front desk
of the CCD Science Department in the
Science Building - Suite 1006.