



GCC Student Center, Room 5204/3, One Sesame Street, Mangilao, Guam 96929 Tel: (671) 735-5595/4

## Project AIM Summer Success Program APPLICATION

You may complete and submit application to James Fathal or Fermina Sablan at GCC Student Center Building (Room # 5204)

**Limited Space! First Come, First Serve! (Completed application & required documents)**

- **For your application to be reviewed, you must attach the following:**
  - Latest Signed Parent Income Tax Form (i.e. 1040/A form) OR Signed 2017-2018 Financial Aid application or Student Aid Report OR Official Public Assistance Documentation
  - Proof of U.S. or National Citizenship (Birth Certificate and Picture I.D or Passport)
  - Original high school diploma and transcript to be photocopied at our office
- If you are a student with a disability, official documentation must be attached with this application.

Semester / Year: \_\_\_\_\_  2017 New Summer Success Program Applicant

**Please indicate if you participated in any of the following programs.**

Upward Bound  Educational Talent Search  Reach for College  Gear Up

**Are you planning to attend Guam Community College?**  Yes  No  Unsure

### IDENTIFYING DATA

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*First Middle Last*

**MAILING ADDRESS:**

\_\_\_\_\_ Village: \_\_\_\_\_ Guam Zip: \_\_\_\_\_

**STREET ADDRESS:**

\_\_\_\_\_ Village: \_\_\_\_\_ Guam Zip: \_\_\_\_\_

**CONTACT INFORMATION:**

Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_ **DATE OF BIRTH:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**SEX:**  Male  Female **MARITAL STATUS:**  Married  Single  Divorced

**CITIZENSHIP:**  United States  Permanent Resident Alien  
 Other Non-Immigrant Alien  Marshallese Citizen  
 CNMI Citizen  I-20/Foreign Student/F-1 Visa  
 FSM Citizen  Palauan Citizen  
 Other (Specify \_\_\_\_\_)

**FAMILY INFORMATION**

Did either of your natural parents earn a Bachelor's Degree from a four-year university?  No  Yes

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**HEALTH & DISABILITY**

Do you have a disability?  No  Yes Documentation on file in our office?  No  Yes

What type of special accommodation(s) do you need? \_\_\_\_\_

**EMPLOYMENT**

(For student) Are you currently working?  No  Yes

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Village: \_\_\_\_\_ Guam, Zip: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ How many hours per week do you work? \_\_\_\_\_

Job Title: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ City: \_\_\_\_\_, Guam

Expected HS Graduation Date: \_\_\_\_\_ In college, I plan to major in: \_\_\_\_\_

Do you plan to transfer to a 4-year college or university?  No  Yes

Will you transfer credits from another institution?  No  Yes

What is your current Cumulative Grade Point Average? \_\_\_\_\_

Please identify if you participated in any of the pre-college programs that prepare you for college:

Reach for College (when did you participate? \_\_\_\_\_)

Education Talent Search (when did you participate? \_\_\_\_\_)

Upward Bound (when did you participate? \_\_\_\_\_)

Gear Up (when did you participate? \_\_\_\_\_)

## APPLICATION AGREEMENT

The information I have given is correct and accurate to the best of my knowledge. I understand that intentional falsification of any information within this application can disqualify me from participation in the program. Furthermore, I understand that the program staff will monitor my academic status through the accessing of my student records and will maintain confidentiality of my student records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOGRAPHY AND VIDEO CONSENT

Please be advised that by attending this GCC event/activity, your photo and/or video may be used to promote GCC programs. By allowing our photographer and/or videographer to take your photo/video shots, you hereby authorize GCC to use such for GCC print, web, or video media AND possibly public media sources such as (PDN, Marianas Variety). If you do not wish to participate in our promotional efforts, please advise the photographer/videographer.

I give my consent for Project AIM to use my photo/video for promotional purposes only.

## STUDENT AUTHORIZATION

I, (student's name) \_\_\_\_\_ hereby authorize Project AIM, TRIO counselor/coordinator, to assist in obtaining needed information from my instructors, GCC's Assessment and Counseling Department, or other authorized personnel of the Guam Community College or my high school counselor regarding my progress, grades, test scores, and attendance. I understand that this information will be used to aid my counselor in monitoring my progress during my participation in this program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARTICIPATION, WAIVER, AND RELEASE OF LIABILITY  
FORM AND  
ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

In consideration of being allowed to participate in the below described activity, I, (name)

\_\_\_\_\_ hereby release, waive, discharge, and covenant not to sue Guam Community College from all liability to myself, to my personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of myself, by reason of accident, illness, injury, death, or other consequences arising or resulting directly or indirectly from participation in offered by Guam Community College.

I voluntarily elect to participate in this activity with knowledge of any dangers involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. Guam Community College and the Territory of Guam asserts lack of responsibility or liability resulting from participation in this activity.

**Waiver of Liability and Indemnification:**

In consideration for being allowed to voluntarily participate in the above-referenced activity, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

a. waiver release and discharge Guam Community College, the Territory of Guam, its agencies, officers and employees from any and all negligence and liability for my death disability, personal injury, property damage, property theft or claims

b. indemnify, save, and hold harmless Guam Community College, the Territory of Guam and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event.

I hereby consent to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY, THE UNDERSIGNED IS AWARE THAT **Project Aim Summer Success program** MAY INVOLVE INHERENT DANGERS AND RISKS AND THE UNDERSIGNED IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGERS AND RISKS INVOLVED AND HEREBY AGREES TO ACCEPT ANY AND ALL RISKS OF INJURY ASSOCIATED THEREBY.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Guam Community College and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_