



First year free

Interested In A Career
In **Culinary Arts** Or
Tourism & Travel Management?

Apply now for the First Year Free DOI Technical Assistance Program Grant offered through the Office of the Lieutenant Governor and the Guam State Clearinghouse, that provides your first year of tuition and fees for either the Guam Community College Tourism & Travel Management or the Culinary Arts associate degree program absolutely FREE.

That's right – up to 30 college credits FREE.

To Qualify, you must...

- Be a local high school graduate
- Maintain a 2.5 GPA as a full-time GCC student
- Satisfy the same citizenship requirements as the current federal student aid program (e.g., U.S. Citizenship or permanent resident)
- Not be receiving any other type of tuition or financial assistance.
- For any inquiries contact
marivic.schrage@guamcc.edu (Culinary Arts)
eric.ji@guamcc.edu (Tourism & Travel Management)

Applications will be reviewed on a "First-come, First-Served" basis.



**First
year free**

DOI Technical Assistance Program Grant

Provided by Office of the Lt. Governor & Guam State Clearinghouse

DOI Technical Assistance Program Grant Application Checklist

1. Complete FAFSA application online <https://studentaid.gov/h/apply-for-aid/fafsa> before **June 19th, 2020**.
Guam Community College School Code: **015361**.
2. Complete & Submit the Application for DOI grant and Emergency Health Information Form via email between **June 16th and June 26th, 2020**
 - **marivic.schrage@guamcc.edu (Culinary Arts)**
 - **eric.ji@guamcc.edu (Tourism & Travel Management)**



GUAM COMMUNITY COLLEGE

SCHOOL OF TECHNOLOGY & STUDENT SERVICES

Health Services Center

Phone: (671) 735-5586/5644/8889 Fax: (671) 734-8330

EMERGENCY AND HEALTH INFORMATION

THIS INFORMATION IS CONFIDENTIAL

NAME: _____ SEMESTER/YEAR: _____

GCC ID#: _____ DATE OF BIRTH: _____ SEX: () FEMALE () MALE

MAILING ADDRESS: _____

HOME ADDRESS: _____

CONTACT NUMBERS: Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

In the event of accident or sudden illness, the information below is necessary to facilitate care and communication.

THREE (3) PEOPLE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY (AND FOR A MINOR STUDENT, THOSE THAT YOU AUTHORIZE TO PICK UP YOUR CHILD):

Table with 5 columns: NAME, PLACE OF WORK, HOME PHONE, WORK PHONE, CELL PHONE

MEDICAL INFORMATION:

Do you have any of the following condition/s?

- Asthma, High Blood Pressure, Diabetes, Heart Disease, Epilepsy (Seizures), Severe Allergies, Hearing Problem, Vision Problems, Contact lenses, Eyeglasses. Includes Yes/No checkboxes.

Other health conditions not on the above list: _____

Allergies (specify to what substances) and Reactions: _____

Medications (list the names and strengths): _____

Major Surgery (include the year): _____

Serious Illness or Injury (include the year): _____

Physical or Emotional Limitations: _____

HEALTH CARE PROVIDER INFORMATION:

Name of Family Doctor: _____ Phone Number: _____ Other Number: _____
Health Insurance: _____ Name of Clinic: _____
Hospital to send you to in the event of an emergency: [] GMHA [] GRMC [] Naval Hospital

I, the undersigned, do hereby authorize GCC personnel to contact directly the persons named on this form, and do authorize the Health Center to render treatment as deemed necessary in an emergency. I also authorize the GCC personnel to provide the referred health agency the necessary information regarding illness or injury.

STUDENT'S SIGNATURE (if Minor, PARENT'S SIGNATURE) _____ DATE _____



Application for Department of Interior Grant Academic Year 2019-2020 Tourism and Hospitality

Personal Information

Legal Name: _____
Last First Middle

*SSN/TIN: _____ Date of Birth: _____
Month/Day/Year

Legal Gender: Male Female

Gender Designation (optional): Transgender Man Transgender Woman Genderfluid/Genderqueer

Mailing Address: _____
PO Box or Home Delivery Address City State Zip Code

Home Address: _____
Street Name, House or Apt City State Zip Code

Phone: _____ Email Address: _____

Emergency Contact Information (Mandatory)

Name: _____ Relationship: _____

Contact Number: _____ Alternate Number: _____

Please complete the following questions

Military Status (Choose One):

- Active Duty Veteran
- Reserve Not Applicable

Marital Status (Choose One):

- Single Divorced
- Single Parent Separated
- Married

Are you receiving public assistance? Yes No

Do you require accommodations? Yes No

Is English the primary language spoken at home? Yes No

If no, what is the primary language spoken? _____

Ethnic Origin

- American Indian or Alaska Native Chuukese Korean
- Black or African American Filipino Kosrean
- Chamorro Hispanic or Latino Palauan
- Chinese Japanese Ponapean



Application for Department of Interior Grant Academic Year 2019-2020

- Vietnamese
- White, Non-Hispanic

Yapese

Other: _____

Citizenship Status

- US Citizen
- CNMI Citizen
- Permanent Resident Alien

- FSM Citizen
- Marshallese Citizen
- Palauan Citizen

Residency

I AM A LEGAL RESIDENT OF (your legal residence is your voting residence): _____
State/Territory/Country

School Information – Please list the high school you graduated from or last attended

Name of School: _____

Year Graduated: _____

Highest Level of Education Completed (Please Check One)

- None
- High School Equivalency
- High School Diploma

Student Type

- Did at least one of your parents graduate from a 4-year college? Yes No
- First Time College Student – this is your first time attending any type of college



Application for Department of Interior Grant Academic Year 2019-2020

Program Declaration Eligibility

Submission of official transcripts are required; diplomas will not be accepted.

My request to declare into a program of study is met by the following:

High School Graduate

Name of High School: _____ Graduation Date: _____

Other/Maiden Name (If applicable): _____

Important Note

1. Participants cannot be receiving any other type of tuition funding (e.g., other grant awards, scholarships, or financial aid).

Cleared by Financial Aid Office _____

signature

2. Satisfy the same citizenship requirements as the current federal student aid program (e.g., U.S. Citizenship or permanent resident).
3. Students must be enrolled on a full-time basis. Students must comply with minimum enrollment status.
4. Students must maintain a cumulative GPA of 2.5.
5. Approximately one year of study remains for those who wish to pursue an Associate Degree in a specific field.
6. Students will pay back tuition and related fees if they choose to drop out of the program.
7. Participation will be held remotely online during Summer session and as needed, students should have a computer and Internet access to complete the program.

Failure to provide all transcripts will result in the denial of admissions into the program of study.

Official transcripts can be mailed or emailed to:

GUAM COMMUNITY COLLEGE
HOSPITALITY AND TOURISM DEPARTMENT
P.O. BOX 23069 G.M.F.
eric.ji@guamcc.edu BARRIGADA, GUAM 96921-0307

I certify that the statements made in this form are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document may be cause for denial of admissions or immediate dismissal from Guam Community College.

Student Signature: _____ Date: _____

Hospitality and Tourism Department Use Only:

Admissibility into a program has been determined via the following:

High School transcripts

Admissions Decision: Accepted Denied

Reason for Denial: _____



Application for Department of Interior Grant Academic Year 2019-2020 Culinary

Personal Information

Legal Name: _____
Last First Middle

*SSN/TIN: _____ Date of Birth: _____
Month/Day/Year

Legal Gender: Male Female

Gender Designation (optional): Transgender Man Transgender Woman Genderfluid/Genderqueer

Mailing Address: _____
PO Box or Home Delivery Address City State Zip Code

Home Address: _____
Street Name, House or Apt City State Zip Code

Phone: _____ Email Address: _____

Emergency Contact Information (Mandatory)

Name: _____ Relationship: _____

Contact Number: _____ Alternate Number: _____

Please complete the following questions

Military Status (Choose One):

- Active Duty Veteran
- Reserve Not Applicable

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Application for Department of Interior Grant Academic Year 2019-2020

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Yapese

Other: _____

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School Information – Please list the high school you graduated from or last attended

Name of School: _____

Year Graduated: _____

Highest Level of Education Completed (Please Check One)

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Application for Department of Interior Grant Academic Year 2019-2020

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1. Participants cannot be receiving any other type of tuition funding (e.g., other grant awards, scholarships, or financial aid).

Cleared by Financial Aid Office _____

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GUAM COMMUNITY COLLEGE

CULINARY AND FOODSERVICE DEPARTMENT

P.O. BOX 23069 G.M.F.

marivic.schrage@guamcc.edu BARRIGADA, GUAM 96921-0307

I certify that the statements made in this form are true and correct. I understand that any false information found to have been willfully given by me herein or in any supporting document may be cause for denial of admissions or immediate dismissal from Guam Community College.

Student Signature: _____ Date: _____

Culinary and Foodservice Department Use Only:

Admissibility into a program has been determined via the following:

High School transcripts

Admissions Decision: Accepted Denied

Reason for Denial: _____