



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

Project AIM'S 2020-Online Summer Success Program APPLICATION

Please complete and submit application via email to: projectaim@guamcc.edu and cc copy Ms. Barbara Rosario email at: barbara.rosario@guamcc.edu (Summer Success Counselor)
Limited Space! First Come, First Served! (Completed Application with required documents included)

- **For your application to be reviewed, you must attach the following:**
 - Latest Signed Parent Income Tax Form (i.e. 1040/A form-2018) OR Signed 2020-2021 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)
 - Photocopies of original high school diploma and transcript.
- If you are a student with a disability, official documentation must be attached with this application.

Semester / Year: _____ 2020 New Summer Success Program Applicant.

Please indicate below if there are other needed assistance beside registering for fall 2020.

FAFSA Academic Advising Mentorship Workshops Transition to College

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)

(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: _____ Village: _____, 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 Not Sure.

Are you in any of the GCC/High School Program(s)? No Yes _____

Are you eligible for CLYMER? No Yes _____

What is your current High School 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? _____)

Others (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: _____

Parent Signature (if under 18 years of age): _____ Date: _____