



NEW SECONDARY STUDENT PARTICIPANT APPLICATION FORM

STUDENT INFORMATION

Last Name		First Name		Middle Name	Date of Birth <small>MM/DD/YYYY</small>	Current Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address		Village	Zip Code		Home Phone Number		Cell Phone Number
Mailing Address		Village	Zip Code		Email Address		
Citizenship* <input type="checkbox"/> United States <input type="checkbox"/> CNMI Resident <input type="checkbox"/> FSM Citizen Chuuk - Pohnpei – Kosrae –Yap <input type="checkbox"/> Republic of Palau <input type="checkbox"/> Republic of Marshall Islands <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other: _____				Ethnicity* <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian (Please select) (Please select) <input type="checkbox"/> Chinese <input type="checkbox"/> Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Chuukese <input type="checkbox"/> Japanese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Kosraean <input type="checkbox"/> Other: _____ <input type="checkbox"/> Marshallese <input type="checkbox"/> Black or African American <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Palauan <input type="checkbox"/> White <input type="checkbox"/> Yapese <input type="checkbox"/> More than one race <input type="checkbox"/> Other: _____			
Is English your first language?* <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your first language? _____							

School Name <i>(If attending JP Torres, please write in your main school/JP Torres)</i>	Grade Level	Current GPA and/or Cumulative Average
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Are you currently enrolled in any of GCC's Secondary Career Technical Education (CTE) Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which program(s): _____	School Counselor:
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Academic Goal(s): <input type="checkbox"/> Graduate from High School <input type="checkbox"/> Maintain Grades <input type="checkbox"/> Improve Grades <input type="checkbox"/> Pass Classes <input type="checkbox"/> Other: _____	What do you plan on doing after you graduate from high school? <input type="checkbox"/> College (On-island) <input type="checkbox"/> College (Off-Island) <input type="checkbox"/> Military <input type="checkbox"/> Certificate/Apprenticeship Program (Please specify): _____ <input type="checkbox"/> Get a Job <input type="checkbox"/> Unsure <input type="checkbox"/> Other _____
College/Career Interest(s):	

What Reach for College services are you interested in? (Select all that apply)

Academic Tutoring Math Reading Writing Other (Please specify): _____

College Admissions and Registration Preparation College Financial Aid Assistance GCC Campus Tours

Career Choices/Planning Other: _____ *Data collected for statistical information and will not be used to determine eligibility

PROGRAM ELIGIBILITY VERIFICATION

Does the student require special accommodations? Yes No If yes, please provide certification of disability or the latest IEP from the student's school.

Student regularly resides with and receives support from: (choose only one)

Father and Mother Father Only Mother Only Self Sibling(s) Grandparent(s) Aunt/Uncle Court Appointed/Ward

Other: _____

Father/Legal Guardian Name (Last, First, M.I.)	Cell Phone Number	Work Phone Number
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Father's highest education completed: <input type="checkbox"/> No Formal Education <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Community College (2 Yr. Degree) <input type="checkbox"/> University/College (4 Yr. Degree)	Email Address
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Mother/Legal Guardian Name (Last, First, M.I.)	Cell Phone Number	Work Phone Number
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Mother's highest education completed: <input type="checkbox"/> No Formal Education <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Community College (2 Yr. Degree) <input type="checkbox"/> University/College (4 Yr. Degree)	Email Address
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How many people are in your household, including yourself? _____

Did you file **2018** taxes? ** Yes, please provide your taxable income: \$ _____ No, please provide your total **2018** income.
 If no income was earned put zero: \$ _____

Do you currently receive any public assistance for low/no income households? ** Yes (select all that apply) No

SNAP (Food Stamps) Free or Reduced Priced School Lunch Medicaid Section 8 (GHURA) Other: _____

**Additional documentation may be requested to verify program eligibility unless adequate documentation of income status is provided.

AUTHORIZATION AND RELEASE

SCHOOL RECORDS

I understand that any personal information provided to and/or obtained from the Guam Community College Reach for College Program will be kept confidential and is protected by the Family Educational Rights and Privacy Act (FERPA). I give permission for any educational institution to release my/my child's school records to the Guam Community College Reach for College Program. I understand that school records released to the Guam Community College Reach for College Program may include but are not limited to: transcripts, report cards, standardized test scores, Free & Reduced Priced Lunch participation verification, Individual Educational Plans, college registration and enrollment status, financial aid information, and student/parent contact information. I understand that this release is validated upon the signing of this form and that student records will be attained for the purpose of Reach for College Program eligibility verification, student assessments, student services, evaluation, and secondary and postsecondary tracking.

PARTICIPATION, WAIVER, AND RELEASE OF LIABILITY ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I release, waive, discharge, and covenant not to sue the Guam Community College, its employees or volunteers, or its other partners in the program from all liability to myself/child, 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/ my child, by reason of accident, illness, injury, death, or other consequences arising or resulting directly or indirectly from participation in Reach for College Program activities and events. I voluntarily elect to participate and/or have my child participate in Reach for College Program activities and events 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. I understand that Guam Community College and the Territory of Guam assert lack of responsibility or liability resulting from participation in Reach for College Program activities and events.

WAIVER OF LIABILITY AND INDEMNIFICATION

In consideration for being allowed to voluntarily participate in Reach for College Program activities and events, on behalf of myself/my child, 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 damages, property theft or claims b) indemnify, save, and hold harmless Guam Community College, its partners in the program, 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/my child's actions during Reach for College Program activities or events. I hereby consent to have myself/ my child receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during any Reach for College Program activity or event. This release of 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 Reach for College Program activities and events may involve inherent dangers and risks and the undersigned is voluntarily participating and/or electing to have their child participate in these activities with knowledge of the dangers and risks involved and hereby agrees to accept any and all risks of injury associated thereby.

PHOTO & VIDEO RELEASE AUTHORIZATION

I hereby give Guam Community College and their assigns the absolute right and permission to copyright and/or publish or use photographic portraits, pictures or video of myself/ my child, of in which myself/my child may be included in whole or in part, or composite or distorted in character or form, in conjunction with their own or fictitious name, or reproduction thereof in color or otherwise, made through any media at their locations or elsewhere, for art, advertising, trade or any other lawful purposes whatsoever. I also give Guam Community College and their assigns the absolute right and permission to allow media print and television photographers to photograph myself/my child for general news related reasons. I understand that Guam Community College will use discretion when allowing news media to photograph myself/my child. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge, and agree to save Guam Community College and their assigns from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or video, or any procession leading towards the completion of the finished product. I understand that this release is for the Guam Community College and will be in effect indefinitely.

PARENT/LEGAL GUARDIAN & STUDENT CERTIFICATION

I represent that I have read, understood, and fully agree with the foregoing statements and am competent and hold the legal authority to execute the agreement. I certify that the information provided on this application is complete and correct to the best of my knowledge. Furthermore, I consent to the Guam Community College Reach for College Program authorizations and releases on this document and understand that it will remain in effect even after I have/my child has exited the program. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect. By signing this document I agree to my/my child's participation in the Reach for College Program. Similarly, by signing this form, the student applicant also agrees to his/her participation in the program and consents to any future Guam Community College Reach for College Program tracking for the purpose of performance reporting.

<p>_____</p> <p>Parent/Legal Guardian Name (PRINT)</p> <p>_____</p> <p>Parent/Legal Guardian Signature</p> <p>_____</p> <p>Date</p>	<p>_____</p> <p>Student Name (PRINT)</p> <p>_____</p> <p>Student Signature</p> <p>_____</p> <p>Date</p>
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FOR OFFICAL USE ONLY Date Received: _____ Received by: _____ Eligibility: FG LI AR D

Application Completion: Responded to all questions Parent and student signatures Eligibility document(s) attached

<p>REVIEWED BY:</p> <p>_____ _____</p> <p>Program Coordinator (Print/Sign) Date</p> <p>_____ _____</p> <p>Program Specialist (Print/Sign) Date</p>	<p><input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommended <input type="checkbox"/></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>NOTE(S): _____</p>
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