



Program Application

The following information is requested to determine your eligibility for program services. Please answer each question. This information will be kept confidential and used only as outlined in the agreement included on the second page of this form.

Personal Information

Name: _____ TCC Student ID#: _____
Last First MI

Address: _____
Street City State Zip Code

Phone: _____ Cell phone: _____

TCC Email: _____

Note: CASA participants will be automatically subscribed to the CASA listserv. TCC email is the official form of communication for the CASA program..

Birth date: _____ Gender: Female Male

Ethnic group with which you most identify:

- Are you of Hispanic origin: Yes No
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - White or Caucasian
 - Native Hawaiian, other Pacific Islander
 - Multi-racial
 - Other _____

Are you a veteran? Yes No

Have you ever been a ward of the state or in foster care? Yes No

Are you a U.S. Citizen: Yes No

If not a U.S. citizen, are you a permanent resident? Yes No Registration number: A-_____

Is English your first language? Yes No If no, what is your first language _____

Have you ever been enrolled in another TRIO program? Yes No

- Educational Talent Search
- Upward Bound
- Student Support Services

Program Eligibility

Are you a first-generation college student (neither parent or guardian(s) has a four-year college degree)?
 Yes No

Do you have a documented learning disability?
 Yes No If yes, please describe (optional) _____

Do you have a documented physical disability?
 Yes No If yes, please describe optional): _____

If you answered yes to either disabilities question above, are you working with a TCC disabilities specialist? Yes No

Are you receiving federal financial aid? Yes No

CASA, A TRIO Student Support Services project, is 100% funded through a five-year 1.2 million dollar grant from the U.S. Department of Education

Educational History

Do you have a high school diploma or GED? Yes No

High school name/location: _____ Graduation Year: _____

GED YEAR: _____

Do you have a College Degree? Yes No

If yes, what kind of degree? Associates Bachelor Vocational/Technical Masters

What college(s) have you attended? _____

How many quarters have you completed at TCC? _____

Educational Goals

What are your educational goals? _____

Enrollment status: Full-time Half/Time Part-time # Credits this quarter: _____

What degree are you seeking at Tacoma Community College?

- Associate in Arts and Sciences
- Associate in Science (Transfer)
- Associate in Applied Sciences (Non-transfer)
- Certificate (non transfer):

What is your area of study? _____

What is your year in school? First year (45 college level credits or less)

Second year (over 45 college level credits)

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

Intended transfer institution: _____ Month/Year: _____

Educational support services that interest me:

How can the CASA Program best support your educational goals?

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Career Development/Advising |
| <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> Personal Development |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Transfer Advising | |

Affidavit/Release and Confidentiality Statement

The information provided on this form is, to the best of my knowledge, accurate and true. As a CASA Program participant, I give my permission to CASA to review, obtain, or make copies of all necessary Tacoma Community College and prior educational documents (i.e. financial aid records, college transcripts and assessment results) to determine and/or enhance the effectiveness of the program and services provided to me. I also give my permission for CASA personnel to share information with appropriate educators and college representatives as necessary to support my educational progress and academic success.

The CASA staff works to provide confidentiality for students participating in our program. In addition to the limits to confidentiality outlined above, the following waivers apply:

- When a student discloses that s/he knows of a child or elderly abuse
- When a student disclosed that s/he is a threat to self or others
- When our records are legally subpoenaed.

If any of the above apply, we are legally required to report our knowledge to appropriate authorities.

My signature denotes my understanding of the TRIO Student Support Services disclaimers outlined above.

Student's signature: _____ Date: _____

Director/Educational Planner signature: _____ Date: _____