

Maricopa Hoop of Learning

GateWay Community College

Application Checklist

Application

- Maricopa Hoop of Learning Program Application
- Student Admission Application
- Student Declaration of Citizenship or Status
- HB 2008

Supporting Documents:

- High School Transcripts (official or unofficial will be accepted)
- COPY** of Birth Certificate OR State ID/Driver's License
- COPY** of Tribal Enrollment (CIB, Tribal Enrollment card, etc.)

Deliver to:

**Hoop of Learning Program
ACE/Hoop of Learning Office
Room 2212
MA Building
Gateway Community College
108 N 40th St.
Phoenix, AZ 85034
(602) 286-8930**



Maricopa Hoop of Learning

Application (Check College of interest below):

Maricopa Community College District
2411 West 14th Street
Tempe, AZ 85281
480-731-8000

- Chandler-Gilbert Community College
- Estrella Mountain Community College
- GateWay Community College
- Glendale Community College
- Mesa Community College
- Paradise Valley Community College
- Phoenix College
- Scottsdale Community College
- South Mountain Community College

Only those with a lawful presence in the US may qualify for MCCCDCD scholarships or federal financial aid. Any information you provide about your legal status when you apply for financial aid or scholarships may be subject to mandatory reporting to federal immigration authorities under AZ law. This does not apply to applications for the private scholarship funds held in and distributed by the Maricopa Community Colleges Foundation.

Student ID: _____	Applicant status: <input type="checkbox"/> New Applicant <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning
Student SS#: _____	Applying for: <input type="checkbox"/> Summer I / II <input type="checkbox"/> Spring <input type="checkbox"/> Fall

SECTION A – Personal Data

Name _____ Date of Birth _____

Address _____ City _____ State/Zip Code _____

Phone Number _____ Cell Number _____ Email _____

Tribal Affiliation: _____ Gender: Male Female

SECTION B – Educational Information

Please complete each section thoroughly and accurately. If the following information is not known, contact your school counselor to complete this section.

School Attending: _____ Cumulative GPA: _____ Semester GPA: _____

Grade in School: 9th / Freshman 10th / Sophomore 11th / Junior 12th / Senior GED (Date Rec'd): _____

Expected Graduation Date: _____

SECTION C – Extracurricular Activities

Please list any activities that you are involved in or plan to participate in during the upcoming year.

SECTION D – Future Plans / Program Interest

Apply to a university or 4-year college

1st Choice _____

2nd Choice _____

Apply to a community college

1st Choice _____

2nd Choice _____

Type of community college degree you are interested in pursuing:

- Associate of Arts degree (transfer)
- Associate in Business degree (transfer)
- Associate in Science degree (transfer)
- Associate of General Studies

College Major / Concentration: _____

- Associate of Applied Science degree (occupational)
- Certificate of Completion
- Undecided

SECTION E- Documentation Required

Students must provide evidence of lawful presence in the U.S. by providing one of the following types of documentation:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
3. A United States certificate of birth abroad.
4. A United States passport.
5. A foreign passport with a United States visa.
6. An I-94 form with a photograph.
7. A United States citizenship and immigration services employment authorization document or refugee travel document.
8. A United States certificate of naturalization.
9. A United States certificate of citizenship.
10. A tribal certificate of Indian blood.
11. A tribal or Bureau of Indian Affairs affidavit of birth.
12. Tribal members, the elderly and "persons with disabilities or incapacity of the mind or body," may submit certain types of documentation under Section 1903 of the federal Social Security Act (42 United States Code §1396b, as amended by Section 6036 of the federal Deficit Reduction Act of 20051)

IMPORTANT - Please attach a copy of one of the above forms of documentation to this application prior to submission.

SECTION F - Student Commitment/Acceptance Guidelines

As a participant in the Hoop of Learning program, I agree to the commitment/acceptance of the following:

- Attendance to the orientation/registration with my parent/guardian
- Participation in all events/activities related to the program
- Consent to the release of my academic information, as necessary for program use
- Maintain compliance of all district and college institution policies and procedures
- Consistent attendance to all enrolled courses
- Maintain a Grade Point Average (GPA) of 2.0 or better in both high school and college courses while participating in the program
- I understand all grades earned will become a part of my permanent academic record
- I understand if I withdraw from my class or program, I may jeopardize my continued participation in the program
- Consent to participate in surveys and studies for continues program improvement
- Consent to the release and use of photographs, video, filming and recordings for the use in program, college and district publications, development of promotional and/or marketing materials

As a selected participant of the Hoop of Learning program, I commit to the goals of the program and will fully participate in all aspects of the program. I am open to learning, growing and contributing to my academic and personal growth.

By signing this application, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true. (This does not apply to applications for the private scholarship funds held in and distributed by the Maricopa Community Colleges Foundation.)

Student Signature _____ Date _____

SECTION G - Parent/Guardian Information and Commitment Clause

Parent/Guardian Name _____
Work Number _____ Cell Number _____ Email _____

I give permission for my child to participate in the Hoop of Learning program. I understand that my child will be required to participate in mandatory activities and events, enroll and complete all prerequisite and/or required courses. I have reviewed and agree to assist my child in following the student commitment/acceptance guidelines of the Hoop of Learning program. As the parent/guardian, I commit to providing the needed support system to ensure success.

Parent/Guardian Signature _____ Date _____

OFFICIAL USE ONLY

Enrollment in program:

- SS I/II 2012
- Fall 2013
- Spring 2014

- Continuation: Yes No
 Probation: Yes No
 Withdrawn: Yes No
 Date: _____

Assessment Scores:

Writing _____ Reading _____ Math _____
Scholarship Approval #1 _____
Scholarship Approval #2 _____



Check the box in front of the college or skill center to identify where you plan to attend.

- Chandler-Gilbert
- Estrella Mountain
- GateWay
- Glendale
- Mesa
- Paradise Valley
- Phoenix
- Rio Salado
- Scottsdale
- South Mountain
- GateWay - Maricopa Skill Center
- Estrella Mountain - Southwest Skill Center

APPLICANT INFORMATION

Student ID# _____ Term of Enrollment: Fall Spring Summer Year _____

Legal Name _____
Last First Middle

Date of Birth _____ Social Security Number _____ Sex** M F Other

Your Social Security Number will not be used as your primary student identification number and will be kept confidential. Individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and Veteran Administration benefits.

Information Release - FERPA

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? Yes No

CONTACT INFORMATION

Address _____ Apt# _____

City _____ State _____ Zip _____

Telephone Number Home _____ Mobile _____

Email Address Home _____ Other _____

**VERIFICATION OF LAWFUL PRESENCE
FOR RESIDENCY/TUITION CLASSIFICATION***

* These questions are asked for the purpose of determining tuition. Pursuant to A.R.S. §§1-502, 15-1802, 15-1802.01, 15-1803, a person who is not lawfully present in the United States is not entitled to classification as an in-state/in-county student. All applicants for resident tuition and/or financial aid must submit documentation of the above status and any additional proof of residency to the admissions/enrollment services staff upon request. Applicants for resident tuition who fail to answer the questions below or to submit supporting documentation as requested are automatically assessed nonresident tuition. Any student who falsifies information used to establish residency for tuition purposes shall be required to pay full tuition and may be subject to dismissal from the college and/or criminal action. Refer to www.maricopa.edu/residency or the college catalog for residency guidelines.

- US Citizen**
- Permanent Resident:** Alien Registration# _____
- Refugee or Asylee:** Alien Registration# _____
- Foreign Non-immigrant with Visa:** Country of Citizenship _____ Specify Visa type _____
Alien Registration/I-94 Number _____
- None of the Above: Lawful Presence Otherwise Documented:** Specify document(s) _____
- AZ Department of Motor Vehicle License or AZ Photo ID Number:** _____

**DEMOGRAPHIC INFORMATION
RACE/ETHNICITY***

This is a two part question:
Do you consider yourself to be **Hispanic/Latino**? Yes No If yes, which Ethnic Group? _____
If you responded **YES** to the above and are of more than one race, select from additional ethnic categories below.

If you responded **NO**, please select one or more of the following racial/ethnic categories to describe yourself. If selecting more than one, please indicate which ethnic category you consider as your primary category. You may also include details regarding your ethnic group or Native American tribe if applicable.

Category	Primary Y/N	Ethnic Group/Tribe
American Indian/Alaska Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Native Hawaiian or other Pacific Islander	_____	_____
White	_____	_____

** Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

PREVIOUS EDUCATION

High School Status *(check one box)*

- High School Diploma** High School Name _____ State _____ Completion Date _____
- GED Certificate** Completion Date _____ State _____
- Currently Enrolled** High School Name _____ State _____ Expected Completion Date _____
 Home Taught _____ Expected Completion Date _____
- No diploma or GED and under age 18** **No diploma or GED and over age 18**

Previous College *(check highest level completed)*

- Associate Degree** **Bachelor Degree** **Master Degree or higher** **No College or University** **Some College/University, no degree**

FIRST GENERATION COLLEGE STUDENT

Have either of your parents completed a Bachelor's Degree? **Yes** **No**

LANGUAGE BACKGROUND

What was the first language you spoke as a child? _____

What languages were spoken in your home when you were growing up? _____

What language do you speak most often now? _____

MILITARY

Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces? If yes, select all that apply:

- I am a current member of the US Armed Forces **Yes** **No**
- I am a dependent of a member of the US Armed Forces **Yes** **No**
- I am a former member of the US Armed Forces **Yes** **No**

VEHICLE EMISSIONS AGREEMENT

In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by Arizona Revised Statute 49-542 has passed a vehicle emission test. I also understand that false certification of this affidavit constitutes a class 2 misdemeanor in Arizona.

If I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is subjected to removal at my expense.

- I acknowledge the above statement** **I do not park on campus**

RESIDENCY

Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community College Governing Board.

Will you reside in Arizona at the time of attendance? **Yes** **No**

What date did your present stay in Arizona begin? Month _____ Day _____ Year _____

In what Arizona county do you reside? _____

If Maricopa, what date did you move to this county? Month _____ Day _____ Year _____

What Arizona county did you reside in prior to moving to Maricopa County? _____

Are you seeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)? **Yes** **No**

If yes, in which state do you currently reside? _____

EDUCATIONAL PLAN

Select a primary reason for attending this college:

- | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Earn a degree/certificate to enter or advance in the job market | <input type="checkbox"/> Take courses for job skills (do not intend to earn a degree/certificate) |
| <input type="checkbox"/> Earn a degree/certificate for transfer to another college or university | <input type="checkbox"/> Current High School Student Taking Courses (dual or concurrent enrollment) |
| <input type="checkbox"/> Current university student taking courses to meet university requirements | <input type="checkbox"/> Personal Interest |
| <input type="checkbox"/> Take courses to transfer (do not intend to earn a degree/certificate) | |

ACADEMIC LOAD

- What is your anticipated enrollment: 0-5 Credits (Less than 1/2 Time) 6-8 Credits (Half-Time)
 9-11 Credits (3/4 Time) 12 or more Credits (Full-Time)

ACADEMIC PLAN

What academic plan do you intend to earn from this college?

- Degree** Name: _____ Code: _____ **Certificate** Name: _____ Code: _____

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE, CORRECT AND COMPLETE.

Signature of Student _____

Date _____

ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.

For crime statistics reported under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit www.maricopa.edu/safety



Maricopa Community Colleges Student Declaration of Citizenship or Status

State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. §15-1802 or entitled to classification as a county resident pursuant to A.R.S. §15-1802.01. Although you have previously enrolled at this or another Maricopa Community College, it is important that you provide this information, even if you have been asked to provide similar information in the past.

Failure to provide the information requested below may result in your being now classified as out-of-state for tuition and fee purposes. The responsibility of providing the proper residency classification is placed upon the student. Any student who falsifies his/her residency may be subject to dismissal from the college and/or criminal action.

Only those with a lawful presence in the US may qualify for Maricopa County Community College District scholarships or federal financial aid. Any information you provide about your legal status when you apply for financial aid or scholarships may be subject to mandatory reporting to federal immigration authorities under Arizona law, A.R.S. §§1-501, 1-502.

Student ID Number

Legal Name _____

(Last, First, Middle)

College _____

Date of Birth (mm/dd/yyyy) _____

United States Citizen

Legal Immigrant/Permanent Resident Date of Issue _____ Date of Expiration _____ and
Alien Registration Number _____

Lawful Refugee or Asylee Date of Issue _____ Date of Expiration _____ and
Alien Registration Number _____

Legal Nonimmigrant

- Specify visa or status _____ and
- Date of Expiration of I-94 _____ and
- Alien Registration Number or I-94 Number _____

Do Not Qualify for Any of the Above

Country of Citizenship _____

Arizona Department of Motor Vehicle License Number or Identification Number _____ and
Date of Issue _____ Date of Expiration _____

I do not possess an Arizona Department of Motor Vehicle License or Identification Card.

By signing this declaration, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true and the information provided on this form is true and complete.

Signature of Student

Date

For additional information visit: www.maricopa.edu/residency. All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974. The Act's provisions are explained in the General Catalog.



108 N. 40th Street, Phoenix, AZ 85034
 Email: finaid@gatewaycc.edu Fax: 602-286-8072

1245 E. Buckeye Road, Phoenix, AZ 85034
 Phone: 602-238-4398 Fax: 602-238-4349

Only those with a lawful presence in the US may qualify for any MCCCDCD scholarships or federal financial aid. Any information you provide about your legal status when you apply for financial aid or scholarships may be subject to mandatory reporting to federal immigration authorities under Arizona state law.

Students must submit one of the following items to provide proof of US Citizenship or Eligible Non Citizen status as required by Arizona HB2008:

1. An Arizona driver’s license issued after 1996 or an Arizona non-operating identification license.
2. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
3. A United States certificate of birth abroad.
4. A United States passport.
5. A foreign passport with a United States visa.
6. An I-94 form with a photograph.
7. A United States citizenship and immigration services employment authorization document or refugee travel document.
8. A United States certificate of naturalization.
9. A United States certificate of citizenship.
10. A tribal certificate of Indian blood.
11. A tribal or Bureau of Indian Affairs affidavit of birth.
12. Tribal members, the elderly and “persons with disabilities or incapacity of the mind or body,” may submit certain types of documentation under Section 1903 of the federal Social Security Act (42 United States Code §1396b, as amended by Section 6036 of the federal Deficit Reduction Act of 2005).

By signing this application, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true and the information provided on this form is true and complete.

Signature _____ Date _____

FOR OFFICIAL USE ONLY	
HB2008 Documentation Submitted _____	
Approve _____ Deny _____ Reason _____	
Staff Member Signature/Date _____	