

Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa | Paradise Valley
Phoenix | Rio Salado | Scottsdale | South Mountain

Application (Check College you are applying to):

- | | |
|--|--|
| <input type="checkbox"/> Chandler-Gilbert Community College | <input type="checkbox"/> Paradise Valley Community College |
| <input type="checkbox"/> Estrella Mountain Community College | <input type="checkbox"/> Phoenix College |
| <input type="checkbox"/> GateWay Community College | <input type="checkbox"/> Rio Salado College |
| <input type="checkbox"/> Glendale Community College | <input type="checkbox"/> Scottsdale Community College |
| <input type="checkbox"/> Mesa Community College | <input type="checkbox"/> South Mountain Community College |

Only those with a lawful presence in the US may qualify for MCCCDC 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.

MCCCDC Student ID: _____ Applicant status: New Applicant Have Attended Before
Applying for: Summer Spring Fall Year: _____

SECTION A – Personal Data (all information must be filled out completely and legibly)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State/Zip Code: _____

Phone Number: _____ Cell Number: _____ Student Email: _____

Enrolled Tribal Affiliation: _____

Legal Sex (sex listed on official documentation): Male Female Gender Identity: Man Woman Trans male/Trans man
 Trans female/Trans woman Genderqueer/Gender non-conforming Different identity (please note): _____

Have you applied or are you currently enrolled in another Maricopa Hoop of Learning Program? Yes No if yes, what college? _____

Have you applied or are you currently enrolled in any other high school/college bridge programs? Yes No if yes, what college? _____

Name the program: _____

SECTION B – High School 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

Expected Graduation Date: _____

SECTION C – Extracurricular Activities

Please list extracurricular activities you are participating in and hours of commitment: _____

SECTION D – Future Plans / Program Interest

Apply to a community college Apply to a university or 4-year college _____

1st Choice _____

1st Choice _____

2nd Choice _____

2nd Choice _____

College Major / Concentration: _____

Type of community college degree you are interested in pursuing:

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

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

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'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 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 at 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 continuous 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: _____

Parent Email: _____

Emergency Contact Name: _____ Phone Number: _____

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 _____