



Guam Community College

Project AIM

GCC Student Center, Room 5204 • Sesame Street
Mangilao, Guam 96929 • Tel: (671) 735-5594/5 • Fax: (671) 734-5238



APPLICATION

The United States Department of Education (USDOE) requires us to obtain income information from all students served by Project AIM, Student Support Services Program – which is protected by the Privacy Act of 1974. No one may see the information unless employed by the program or specifically authorized to see it. The USDOE has the authority to gather such information (20USC1231A). You are not eligible for any services unless the information is provided.

- For your application to be reviewed, you must attach the following:
 - Latest Income Tax Form (i.e. 1040/A form) OR Signed Student Aid Report (SAR)
 - Financial Aid Award Letter
 - Proof of U.S. or National Citizenship (Birth Certificate and ID **OR** Valid Passport)
 - Transcript(s) (high school transcripts for recent graduate; college transcript)
- If you are a student with a disability, you must attach a valid document certifying your disability or provide your Approved Academic Accommodation Form from GCC's Office of Accommodations.

Social Security Number: _____
GCC Student ID Number: _____

Semester / Year: _____

DEMOGRAPHIC INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

GCC Major: _____ ☐ Certificate ☐ AS/AA Degree

SEX: ☐ Male ☐ Female

DATE OF BIRTH: _____
Month Day Year

ETHNIC ORIGIN: _____

MARITAL STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

MAILING ADDRESS:

_____ Village: _____ Guam Zip: _____

STREET ADDRESS:

_____ Village: _____ Guam Zip: _____

CONTACT NUMBERS: Home #: _____ Work #: _____ Cell #: _____

E-mail: _____

How did you hear about us? (Check all that apply) ☐ Family ☐ Friend ☐ Campus bulletin

☐ Orientation ☐ Class Presentation ☐ Community Event ☐ Other: _____

MILITARY VETERAN: ☐ Yes ☐ No Which branch of Service? _____

CITIZENSHIP:

<input type="checkbox"/> United States	<input type="checkbox"/> Permanent Resident Alien
<input type="checkbox"/> Other Non-Immigrant Alien	<input type="checkbox"/> Marshallese Citizen
<input type="checkbox"/> CNMI Citizen	<input type="checkbox"/> I-20/Foreign Student/F-1 Visa
<input type="checkbox"/> FSM Citizen	<input type="checkbox"/> Palauan Citizen
<input type="checkbox"/> Other (Specify _____)	

FAMILY INFORMATION

Did either of your natural parents earn a Bachelor's Degree from a four year university? ☐ Yes ☐ No

Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

DISABILITY

Do you have a disability? ☐ Yes ☐ No Is your documentation on file in our office? ☐ Yes ☐ No

Do you have a copy of your certification with the Office of Accommodations? ☐ Yes ☐ No

What type of special accommodation(s) do you need? _____

FINANCIAL AID

Are you currently receiving financial aid? ☐ Yes ☐ No

If yes, please indicate the type of financial aid you are receiving below:

<input type="checkbox"/> Pell Grant	<input type="checkbox"/> Employment
<input type="checkbox"/> Supplemental Educational Opportunity	<input type="checkbox"/> Parents' Support
<input type="checkbox"/> National Direct Student Loan	<input type="checkbox"/> Spouse
<input type="checkbox"/> College Work-Study Program	<input type="checkbox"/> Veteran's Affairs
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> AHRD

EDUCATION

Have you earned a high school diploma? ☐ Yes ☐ No Date Received: _____

If yes, where: _____ City: _____ State/Island: _____

Please indicate if you have earned any of the following:

☐ GED ☐ Certificate ☐ AS/AA Degree ☐ BS/BA Degree Date Received: _____

If yes, where: _____ City: _____ State/Island: _____

Are you currently cross-enrolled at UOG? ☐ Yes ☐ No

Are you taking classes at GCC to complete General Education requirements only? ☐ Yes ☐ No

Will you transfer credits from another institution? ☐ Yes ☐ No

Were you in any of the following programs?

☐ College Access Challenge Grant Program (CACGP) ☐ TRIO, ETS

☐ TRIO, Upward Bound ☐ TRIO, SSS

Program Institution: _____ Location: _____

Are you currently enrolled this term in any of the following programs? ☐ Yes ☐ No

☐ College Access Challenge Grant Program (CACGP) ☐ TRIO, ETS

☐ TRIO, Upward Bound ☐ TRIO, SSS

Program Institution: _____ Location: _____

Are you in the process of applying OR plan to apply for any of the following programs? ☐ Yes ☐ No

☐ College Access Challenge Grant Program (CACGP) ☐ TRIO, ETS

☐ TRIO, Upward Bound ☐ TRIO, SSS

Program Institution: _____ Location: _____

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's staff will monitor my academic status through accessing my student records. Additionally, I understand that the Program's staff will also ensure that my student records are kept confidential.

Student Signature: _____ Date: _____

STUDENT CONSENT

I, _____, give my consent to Project AIM, TRIO-Student Support Services (SSS) Program staff members to disclose information from my TRIO-SSS Program file or obtain information from my Guam Community College student file for the following express purposes:

INITIAL

_____ (a) obtaining information from the Financial Aid office to determine TRIO-SSS Program eligibility

_____ (b) obtaining information from Admissions & Registration, Registrar and Academic Affairs to determine TRIO-SSS Program eligibility and/or academic status for each term enrolled

_____ (c) obtaining information from my academic advisor or any course instructors to determine academic status and aid Project AIM's counselor in monitoring my progress on a semester basis

_____ (d) obtaining information from the Accommodative Services Office and/or the Assessment & Counseling Department to coordinate services for a successful college experience

_____ (e) obtaining information, upon my transition into GCC or beyond attendance of GCC, from other federal programs and/or service (e.g., College Access Challenge Grant Program, UOG's TRIO-SSS Program, etc.) to determine TRIO-SSS Program eligibility and to track future educational pursuits

I understand that this information will be disclosed only for the purposes noted above, and that the information released will be limited to the following items:

_____ (1) participation in Project AIM, TRIO-SSS Program

_____ (2) completion of individualized academic plan goals

_____ (3) adherence with recommendations, including attendance at advisement sessions and submission of progress reports

I am committed to adhere to the current Project AIM, TRIO-SSS Program requirements as outlined in my handbook:

☐ I agree

☐ I disagree

I am aware that the information I give to Project AIM, TRIO-SSS Program is available to the U.S. Department of Education (the funding agency for Project AIM, TRIO-SSS Program) in accordance with grant funding regulations. The information is protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA.) No one may see the information unless he/she works with or for the Project AIM, TRIO-SSS Program.

I would also like to participate in Project AIM, TRIO-SSS Program's free workshops, activities and other services. I agree to allow the Project AIM, TRIO-SSS Program's staff to include my name and/or picture in publications, including their website. These publications highlight student accomplishments and participation in the Project AIM, TRIO-SSS Program.

I have read this form, had its contents explained to me and understood its contents. I understand that this consent will remain in effect throughout my continuous enrollment at the Guam Community College, unless I indicate otherwise in writing.

Student Signature: _____

Date: _____

SURVEY RECORD

The purpose of this survey is to help you:

- explore why you are pursuing a college education
 - explore what you expect from the college experience
 - consider your prior educational experience
 - determine how this Program can best help you accomplish your educational goals
-

1. What is the highest level of education you would like to complete?

- ☐ No specific plans ☐ Post-graduate degree
☐ Associate Degree ☐ Bachelors Degree

2. Are your family members supportive of you being in college? Yes ☐ No ☐

If yes, how do they show their support you? _____

3. Which class(es) do you expect will be most difficult? _____

Why? _____

4. Is English your native language? Yes ☐ No ☐

If not, where did you obtain your English Language? _____

5. Have you taken the Placement Exam? Yes ☐ No ☐

If not, when do you plan to take it? _____

6. Please place a checkmark on the appropriate service(s) you will need during the academic year.

☐ Tutoring:

☐ English ☐ Math ☐ Other General Education Courses

☐ Other (Please specify: _____)

☐ Study Skills:

☐ Listening ☐ Note-taking ☐ Test Anxiety

☐ Test Taking ☐ Using Textbook ☐ Reading Textbooks

☐ Time Management ☐ Other (Please specify: _____)

☐ Counseling:

☐ Academic Advisement & Assistance ☐ Career Counseling

☐ Financial Aid Counseling & Assistance ☐ Peer Counseling

☐ Personal Counseling ☐ Other (Please specify: _____)

7. Computer Assessment. I have basic skills in operating:

☐ Internet ☐ PowerPoint ☐ MyGCC

☐ Word ☐ Excel

BARSCH LEARNING STYLE INVENTORY

DIRECTIONS: Place a checkmark in the appropriate box after each statement.

	OFTEN	SOMETIMES	SELDOM
1. Can remember more about a subject through listening than reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Follow written directions better than oral directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Like to write things down or take notes for a visual review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Bear down extremely hard with a pen or pencil when writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Require explanations of diagrams, graphs or visual directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Enjoy working with tools or working on models.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Am skillful and enjoy developing and making graphs and charts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can tell if sounds match when presented with pairs of sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Remember best by writing things down several times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Can understand and follow directions on maps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do better at academic subjects by listening to tapes and lectures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Play with coins or keys in pocket.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Learn to spell better by repeating the letters out loud than by writing the word on paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Can better understand a news article by reading about it in the paper than by listening to the radio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Chew gum, snack, or smoke during studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Feel the best way to remember is to picture it in your head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Learn spelling by "finger spelling" the words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Would rather listen to a good lecture or speech than read about the same material in a book.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are good at solving and working on jigsaw puzzles and mazes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Grip objects in hands during learning period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Prefer listening to the news on the radio rather than reading about it in a newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Obtain information on an interesting subject by reading relevant materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Feel very comfortable touching others, hugging, handshaking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Follow oral directions better than written ones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT CONTRACT

Project AIM, TRIO-SSS Program is federally-funded, by the U.S. Department of Education, to assist students needing skills development pertaining to courses the student is currently taking and to assist students in improving study skills in order that to graduate and/or transfer to a four-year institution. All services provided are free of charge, but students also have some responsibilities. Please read through and acknowledge the following:

Initial

- _____ 1) I agree to meet with Project AIM TRIO-SSS Program's Academic Counselor to develop an Individual Education Plan (IEP) *within* 30 days from my acceptance date. As a continuing student or re-entry student, I agree to update my IEP by November 30th, EACH academic year.
- _____ 2) I agree to update/evaluate my IEP every *fall* and *spring* semester.
- _____ 3) I agree to meet with Project AIM, TRIO-SSS Program's Academic Counselor at least *three* (3) times per semester.
- _____ 4) I agree to meet with a mentor at least *three* (3) time semester while I am a freshman student (a student who has earned less than 30 credits.)
- _____ 5) I will attend the Project AIM New and Continuing Student Orientation every semester.
- _____ 6) I will attend *two* (2) Project AIM workshops/activities *each fall and spring semester* OR fulfill this requirement by doing community service or by other means approved by the Director.
- _____ 7) I will declare a major for a degree or certificate *within one year* of acceptance, if I have not already done so.
- _____ 8) I will contact the Project AIM Director or Counselor right away, should I receive an unsatisfactory progress report, to arrange tutoring or find other options to improve my grade(s).
- _____ 9) I agree to attend as many tutoring sessions necessary to complete the objectives outlined in my educational plan and further understand that the tutor will not and cannot do my work for me.
- _____ 10) After initial acceptance, I will complete an Update Form and turn in a copy of my Financial Aid Award Letter for the academic year.
- _____ 11) I will attend all mandatory meetings for Project AIM, TRIO-SSS Program.
- _____ 12) I will complete an Exit Interview and Alumni Contract when I leave the Program for whatever reason to assist Project AIM, TRIO-SSS in meeting their reporting requirements to US DOE.
- _____ 13) If I transfer to another institution, I will provide proof of my enrollment in the college, university, or professional school upon my transfer in order to assist Project AIM, TRIO-SSS Program with their report to the U.S. Department of Education.

Print Name

Signature

Date

Project AIM Staff

Date