



Email: gcc.cacgp@guamcc.edu / Like Us on Facebook: [GCC-College Access Challenge Grant Program](#)

A. STUDENT APPLICANT INFORMATION

Name: _____ SS# _____ Gender: ☐ Female ☐ Male
(Last) (First) (Middle)
Date of Birth: ____/____/____ Current Age: ____ Student's Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Common-Law ☐ Widower/Widow
Mailing Address: _____ E-mail Address: _____
Home Phone: _____ Cell Phone _____ Work Phone: _____
Does the student require special accommodations? ☐ Yes ☐ No If yes, please provide a disability certification or the latest IEP from the student's school. I, _____ authorize CACGP to obtain a copy of my child's/my IEP or
(print name parent/legal guardian OR legal aged student) medical documentation for the purpose of identifying my child's/my needs.
Parent/Guardian: _____ Student (18 years or older): _____
Parent/Guardian Signature Date Student Signature Date
I am CURRENTLY ENROLLED in: ☐ TRiO Upward Bound ☐ TRiO ETS ☐ GEAR UP Other: _____ ☐ Not applicable
I am APPLYING TO or HAVE APPLIED to the following program? ☐ TRiO Upward Bound ☐ TRiO ETS ☐ GEAR UP ☐ Not applicable
I give my consent to have CACGP provide to and receive information from UOG Trio Programs. YES ☐ NO ☐

B. ACADEMIC LEVEL

School Name: _____ Expected high school graduation date: _____
(If you are currently attending JP Torres Alternative, please write in your main school/JP Torres)
Student's current grade level: ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th
For students attending an Adult Education Program, I am enrolled in: ☐ GED ☐ AHS ☐ Basic Skills ☐ English as a Second Language (ESL)

C. CITIZENSHIP & ETHNICITY (data collected is for statistical information and will not be used to determine eligibility)

Citizenship: (circle one)
☐ US Citizen ☐ CNMI Resident ☐ FSM Citizen Chuuk - Pohnpei - Kosrae - Yap ☐ Republic of Palau
☐ Republic of Marshall Islands ☐ Permanent Resident Alien ☐ Other: Please Specify _____
Ethnic Background: ☐ Pacific Islander ☐ Filipino ☐ Caucasian ☐ Native American ☐ Asian ☐ Hispanic or Latino ☐ Black/African American
☐ Other: Please Specify _____ Is English your first language? ☐ Yes ☐ No

D. STUDENT EDUCATIONAL PLAN

Who is student's school counselor? _____ Current GPA: _____

What services are you interested in ?
☐ Tutoring: Math, Reading, Writing, other: _____ ☐ Study Skills (Reading, Math, Computer, etc.)
☐ College Planning: Application & Admissions ☐ Summer/Winter Break programs ☐ Grant Aid
☐ College Testing (Placement test, Test-taking strategies, etc.) ☐ Career Choices/Planning ☐ Time Management Skills
☐ Island Leadership Day ☐ College tours ☐ STAR Program
☐ Financial Aid (For college, scholarship strategies, etc.) ☐ OTHER: _____

Are you currently attending any of GCC's Secondary Career Technical Education (CTE) Programs? ☐ Yes ☐ No Program(s): _____
After I graduate from high school, I plan to: ☐ Go to College ☐ On-island ☐ Off-Island ☐ Join the Military ☐ Get a Job ☐ I Don't Know

My major/career of interest is in: _____
My academic goal(s) is/are: ☐ To maintain my grades ☐ Improve my grades ☐ Pass my class(es) ☐ Graduate from high School ☐ Other: _____

E. ELIGIBILITY VERIFICATION: (please provide a copy of your income tax OR government document)

Did parent(s)/legal guardian(s)/legal aged student file taxes?: ☐ Yes ☐ No How many people are in your household (including student)? _____
Please check any of the following public assistance you/family receives:
☐ Free/ Reduce Priced School Lunch (Print Name of Certified school official _____ Initial of Official: _____ Date: _____)
☐ SNAP/Food Stamp ☐ Welfare ☐ Medicaid ☐ MIP ☐ GHURA ☐ Our family does not receive any assistance ☐ Other: _____

Student regularly lives with: ☐ Mother & Father ☐ Mother only ☐ Father only ☐ Sibling(s) ☐ Grandparent(s) ☐ Aunt/Uncle ☐ Foster Parents
☐ Court Appointed/Ward ☐ Other _____

Mother/Guardian: _____ Home# _____ Cell# _____
(Last) (First) (Middle)
Mailing Address: _____ E-MAIL: _____
Name & Place of Employment: _____ Work#: _____
Father/Guardian: _____ Home# _____ Cell# _____
(Last) (First) (Middle)
Mailing Address: _____ E-MAIL: _____
Name & Place of Employment: _____ Work#: _____

First-Generation Verification: (* First Generation Verification is also applicable to Adult Education Students' parents)
1. Did student's mother earn a Bachelor's Degree? ☐ Yes ☐ No Mother/Guardian Signature: _____ Date: _____
2. Did student's father earn a Bachelor's Degree? ☐ Yes ☐ No Father/Guardian Signature: _____ Date: _____

F. EMERGENCY CONTACT INFORMATION & MEDICAL RELEASE AUTHORIZATION:

Name: _____ Relation: _____ Contact #: _____
Name: _____ Relation: _____ Contact #: _____
Name of Clinic: _____ Medical Insurance: _____ Doctor's Name: _____
Does the student have any health issues or restrictions to physical activities? ☐ Yes ☐ No Please specify: _____
In the event of an emergency, I give permission and authorization to the College Access Challenge Grant Program (CACGP) to request for ambulance services and receive medical assistance at the activity/event site. All medical related costs will be my/our responsibility.

Parent(s)/Guardian(s): _____ Student (18 years or older): _____
Parent(s)/Guardian(s) Signature Date Student Signature Date

G. PICK UP/DROP OFF AUTHORIZATION: (To be filled out by a parent/guardian of a child in middle school/high school)

Part of the program requires that parent(s)/legal guardian(s) provide transportation for their child to and from any scheduled program services or activities. This form will authorize other individuals selected by the parent/legal guardians to drop off and pick up their child for any CACGP functions. (I/We), the parent(s)/legal guardian(s) do hereby authorize the person(s) listed below to drop off and pick up my child in the event I am not able to pick (him/her) up on time. (I/We) understand that in authorizing this person(s), (I/We) will still be responsible for (my/our)child being dropped off and picked up on time and will make necessary arrangements. (I/We) also understand that if no one is able to drop off or pick up (my/our) child on the set drop off or pick up time, CACGP staff will not be responsible for (my/our) child.

Name	ID #	Relationship	Telephone	Initial

H. AUTHORIZATION AND RELEASE: SCHOOL RECORDS, WAIVER & RELEASE OF LIABILITY & PHOTO/VIDEO RELEASE

H1. SCHOOL RECORDS: The personal information that you give the Guam Community College/College Access Challenge Grant Program is required by the U.S. Department of Education (USDOE). This information is protected by the Privacy Act. No one may see the information unless they work with or for the Guam Community College/CACGP or are specifically authorized to see it. The information is necessary to determine if your child is eligible to participate in the CACGP and helps the USDOE to measure the student’s success. The USDOE has the authority to gather such information (20 USC 1231a). The student is not eligible for any services from CACGP unless the information is given and the form is signed.

In accordance with the “Family Educational Rights and Privacy Act of 1974,” I authorize student’s current school and all future Guam Department of Education (GDOE), private schools, Department of Defense Education Activity (DoDEA), homeschool AND postsecondary institutions to release school records to the Guam Community College’s College Access Challenge Grant Program (CACGP). I understand that school records released to the GCC/CACGP may include but is not limited to:

- ☒ Updated student/parent contact information
- ☒ Enrollment/Registration status
- ☒ Federal programs/ TRIO
- ☒ Academic documents: transcripts, report cards, progress notes
- ☒ Standardized test scores
- ☒ Free and Reduced Priced Lunch participation verification
- ☒ Financial/aid information
- ☒ If applicable, Accommodation Verification(s): Individual Educational Plans, medical records/certification

I understand that this release is validated upon my signing this form and that records for student will be attained for the purpose of CACGP eligibility verification, student database collection, student services, evaluation, and tracking progression in Middle School, High School, GED, Adult High School, English as a Second language and/or postsecondary institutions. The above permission is granted by me

Parent(s)/Guardian(s):

Parent(s)/Guardian(s) Signature

Date

Student (18 years or older):

Student Signature

Date

(Print name (Parent/Guardian OR legal aged student))

H2.PARTICIPATION, WAIVER, & RELEASE OF LIABILITY ACKNOWLEDGMENT AND ASSUMPTION RISK: In consideration of being allowed to participate in CACGP activity/ies, I/we hereby release, waive, discharge, and covenant not to sue Guam Community College from all liability to myself, to my personal representative, 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, by reason of accident, illness, injury, death, other consequences arising or resulting directly or indirectly from participation in CACGP Activities offered by Guam Community College. I voluntarily elect to participate in this activity 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. Guam Community College and the Territory of Guam assert lack of responsibility or liability resulting from participation in CACGP activities.

H3.WAIVER OF LIABILITY AND INDEMNIFICATION: In consideration for being allowed to voluntarily participate in CACGP activities on behalf of myself, 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, 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 actions during CACGP activities. I hereby consent to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during this 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 CACGP Activity/Event may involve inherent dangers and risks and the undersigned is voluntarily participating in these activities with knowledge of the dangers and risks involved and hereby agrees to accept any and all risks of injury associated thereby. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and the Guam Community College and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

H4.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 my child(ren), or in which my child(ren) 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 my child(ren) for general news related reasons. I understand that Guam Community College will use discretion when allowing news media to photograph my child(ren). 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 lending towards the completion of the finished product. I understand that this release is for the Guam Community College and will be in effect indefinitely. IF A STUDENT IS UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

PARENT(s)/LEGAL GUARDIAN(s)/STUDENT: I certify that the information I have provided within this application is complete and correct to the best of my knowledge. By signing this application I am giving permission for my child to participate in the College Access Challenge Grant Program (CACGP) and I am certifying that the information is true and correct. I understand the College Access Challenge Grant Program (CACGP) must obtain important information such as academic records, transcripts, test scores, financial aid forms, college enrollment, and other documents (i.e. certification of free/reduced lunch, etc.) in order to provide services that meet the student needs of documentation for grant reporting. I have carefully read the agreements in sections H1 through H4 above and fully understand its contents. I am aware of release of liability, authorize applicant’s photo and video release, and consent for the release of records and contract between myself and the Guam Community College and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Parent(s)/Guardian (s):

Parent(s)/Guardian(s) Signature

Date

Student (18 years or older):

Student Signature

Date

Student(s) and Parent(s)/Legal Guardian Contract

The College Access Challenge Grant Program (CACGP) provides services to assist middle school, high school, and adult education students with their educational goals and college preparation. The following services are provided: tutoring; academic, career and college guidance; college preparation-admissions, financial aid, placement test preparation; educational, financial and career developmental workshops; orientations and resources (for both students/participants and/or parents). Your commitment to school and CACGP support services is needed to help ensure your child’s/your success. Therefore, CACGP would like your commitment to the following.

I/we, student and Parent(s) / Legal Guardians(s), agree to:

- Provide a copy of student/applicant’s school records/information, when requested. CACGP uses the academic document/information to track student’s academic progress and collect data for reports required by US DOE.
- Attend counseling session(s) with CACGP team regarding my/my child’s progress. I understand, I can request for a meeting with a CACGP counselor when needed.
- Attend at least two (2) CACGP activities (workshops, academic advisement, orientations, etc. Gas reimbursements towards family may be offered at the discretion of the Director and contingent upon the activities attended. Gas reimbursements are awarded one per child based on current policies.
- Attend a Student Financial Aid Workshop (For Juniors, Seniors, Adult High & GED).
- Notify the CACGP team of any challenges that student may have with a teacher/instructor, school, or at home that make it difficult for student to succeed academically.
- Notify the CACGP team of any changes (home, mailing address, e-mail, phone numbers, school, moving off-island (whether temporarily or permanently) or other related and valuable information.
- Maintain communication with CACGP through phone, e-mail or visit the CACGP office. I understand that by not maintaining communication with the program, I will miss current and important information on program activities in which I am committed to attend.
- Maintain good character and pass classes.
- Be responsible and provide transportation for student to and from any CACGP activity site.
- Monitor and maintain my/our child’s academic progress, attitude, and behavior.

_____ Print Name (Mother/ Female Guardian)	_____ Signature (Mother/ Female Guardian)	_____ DATE
_____ Print Name (Father/ Male Guardian)	_____ Signature (Father/ Male Guardian)	_____ DATE
_____ Print Name (Student)	_____ Signature (Student)	_____ DATE

Parent(s)/Legal Guardian(s) you may detach this bottom section for your COPY.

Student(s) and Parent(s)/Legal Guardian Contract

The College Access Challenge Grant Program (CACGP) provides services to assist middle school, high school, and adult education students with their educational goals and college preparation. The following services are provided: tutoring; academic, career and college guidance; college preparation-admissions, financial aid, placement test preparation; educational, financial and career developmental workshops; orientations and resources (for both students/participants and/or parents). Your commitment to school and CACGP support services is needed to help ensure your child’s/your success. Therefore, CACGP would like your commitment to the following.

I/we, student and Parent(s) / Legal Guardians(s), agree to:

- Provide a copy of student/applicant’s school records/information, when requested. CACGP uses the academic document/information to track student’s academic progress and collect data for reports required by US DOE.
- Attend counseling session(s) with CACGP team regarding my/my child’s progress. I understand, I can request for a meeting with a CACGP counselor when needed.
- Attend at least two (2) CACGP activities (workshops, academic advisement, orientations, etc. Gas reimbursements towards family may be offered at the discretion of the Director and contingent upon the activities attended. Gas reimbursements are awarded one per child based on current policies.
- Attend a Student Financial Aid Workshop (For Juniors, Seniors, Adult High & GED).
- Notify the CACGP team of any challenges that student may have with a teacher/instructor, school, or at home that make it difficult for student to succeed academically.
- Notify the CACGP team of any changes (home, mailing address, e-mail, phone numbers, school, moving off-island (whether temporarily or permanently) or other related and valuable information.
- Maintain communication with CACGP through phone, e-mail or visit the CACGP office. I understand that by not maintaining communication with the program, I will miss current and important information on program activities in which I am committed to attend.
- Maintain good character and pass classes.
- Be responsible and provide transportation for student to and from any CACGP activity site.
- Monitor and maintain my/our child’s academic progress, attitude, and behavior.

_____ Print Name (Mother/ Female Guardian)	_____ Signature (Mother/ Female Guardian)	_____ DATE
_____ Print Name (Father/ Male Guardian)	_____ Signature (Father/ Male Guardian)	_____ DATE
_____ Print Name (Student)	_____ Signature (Student)	_____ DATE