



APPLICATION

ASPIRE@mtsac.edu
909.594.5611 ext. 6396
Aspire.mtsac.edu
Office: Bldg 9D

Term for which you are applying: ___ Fall ___ Spring ___ Summer Year 20___

Legal Name:

___ Mr. ___ Ms. ___ Mrs.

Birth Date: ___/___/___

Gender: ___ Male ___ Female

Last Name (print clearly)

First Name

Middle Name

Address: (If your address changes, please inform the ASPIRE office.)

Number and Street

Apartment Number

City

State

Zip Code

E-mail Address: (please print clearly) _____

Telephone Number: Home (_____) _____ - _____ Cell (_____) _____ - _____

Emergency Contact: _____ (_____) _____ - _____
Name/Relationship Phone Number

Current Student Status: ___ New ___ Continuing ___ Returning

Number of Units Enrolled: _____ **Cumulative GPA:** (available online) _____

Other Services:

Have you applied for Financial Aid? ___ Yes ___ No

Do you intend to apply for Financial Aid? ___ Yes ___ No

Have you applied for any of the following support programs?

___ EOP&S/ CalWORKs/ CARE ___ DSPS ___ Bridge ___ Honors ___ Teacher Preparation

Campus Involvement: In what student clubs, sports, or activities do you participate, if any?

Academic Major and Career Goal: _____ / _____

Academic Goal (please select one):

___ Transfer to a four-year college/ university only

___ Earn an Associate's Degree and transfer

___ Earn a Vocational certificate only

___ Earn a Vocational certificate and transfer

___ Earn an Associate's Degree only

___ Advance in current job/career

___ Discover/formulate career interest or goals

___ Educational enrichment; no degree or certificate goal

___ Complete credits for High School

___ Undecided

Educational History:

College Last Attended City, State Degree/ Certificate awarded, if any

High School Last Attended City State

High School Graduation Type:

- Received a High School Diploma
- Passed GED/ Certificate of Equivalency
- Foreign Secondary Diploma
- Not a High School graduate/ Not in High School
- Currently enrolled in K-12 grade (Not a High School Graduate)
- Enrolled in Adult School/ Community Education
- Other (please explain) _____

Two (2) Signatures Required:

1- Counselor's Signature- Make an appointment with a counselor to develop an Educational Plan. Once the plan is created, ask the counselor to sign below.

The signature below certifies that this student's Educational Plan has been created and is on file with in the Counseling Department.

Counselor's Signature Date

2- Student's Signature- Read the following statement.

I declare under penalty of perjury that the statement and information submitted in this application are true and correct. Falsification, withholding pertinent data, or failure to report changes in academic status may result in restriction of program participation. I understand that all materials submitted by me for purposes of admission become the property of the ASPIRE program.

Student's Signature Date

For Office Use Only:

Conditional Admission: GPA Conditions Unit of Enrollment Conditions Counselor Meeting

Application Status: Incomplete Accept

Remarks: _____ **ASPIRE Staff initials:** _____