



Building 16B
1100 N. Grand Ave.
Walnut, CA 91789
(909) 274-4411

STUDENT APPLICATION FORM

Directions: Please answer all of the questions on this form in blue/black ink.

Statement of Confidentiality: The information you provide will be kept confidential and used only to determine your eligibility

STUDENT INFORMATION

and academic need for services. You may be contacted for an interview with an ACES staff member.

Name (Last) (First) (Middle) Date of Birth: / /

Permanent Address: (Include apt. #) City: State: Zip Code:

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

Email Address: Gender: Male [ ] Female [ ]

Social Security Number: - - Mt. SAC ID #: A

Marital Status: Single [ ] Married [ ] Separated [ ] Divorced [ ] Single Parent: Yes [ ] No [ ]

Ethnic-Racial Background (you may check more than one box):

- [ ] American Indian/Alaskan Native [ ] Black/African American [ ] White [ ] Asian
[ ] Native Hawaiian/Pacific Islander [ ] Hispanic/Latino [ ] Other:

ELIGIBILITY/DOCUMENTATION

I. Citizenship Status

Are you a U.S. citizen? Yes [ ] No [ ] If no, are you a permanent U.S. resident? Yes [ ] No [ ]

If applicable, Permanent Resident #: A Date Issued:

First Generation College Student Status

Please indicate whether your parents and/or legal guardians received a four year bachelor's degree from a college or university in the United States?

Mother: Yes [ ] No [ ] Father: Yes [ ] No [ ] Legal Guardian: Yes [ ] No [ ]

Please indicate the last grade each parent/guardian completed in school and circle the appropriate grade level.

	Elementary	High School Diploma	College	Degree
Mother/Guardian	1 2 3 4 5 6 7 8	9 10 11 12 Yes No	1 2 3 4 Yes No	
Father/Guardian	1 2 3 4 5 6 7 8	9 10 11 12 Yes No	1 2 3 4 Yes No	

**III. Income Verification**

Have you applied for financial aid? Yes [ ] No [ ]

\*Please attach a copy of your most recent income tax forms (If **independent** provide YOUR tax forms, if **dependent** provide your PARENT/guardian tax forms) and your FAFSA Student Aid Report (www.fafsa.gov)

Are you currently working? Yes [ ] No [ ] If so, how many hours per week do you work? \_\_\_\_\_

**IV. Disability**

Do you have a **documented** disability that affects your ability to fully participate in the educational experiences and/or opportunities at Mt. San Antonio College? Yes [ ] No [ ]

If yes, have you applied for the Disabled Student Programs and Services (DSPS) at Mt. SAC? Yes [ ] No [ ]

**ACADEMIC INFORMATION & NEEDS**

**I. Educational Background**

Last High School Attended: \_\_\_\_\_ Graduation date: \_\_\_\_\_

OR GED Date: \_\_\_\_\_ GED Score: \_\_\_\_\_ What is the highest grade you completed? \_\_\_\_\_

High School cumulative GPA: \_\_\_\_\_

Have you participated in any of the following programs? (*Check all that apply*)

- AVID
- Talent Search
- Gear UP
- Upward Bound

Are you currently in any of the following programs?

- EOPS
- Bridge
- Aspire
- CARE
- CalWorks

Is this the first college you have attended: Yes [ ] No [ ]

If no, list the name(s) of other colleges attended:

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**\*If no, also please attach a copy of your transcripts from all other colleges/universities attended.\***

**II. Educational Goals**

What is your ultimate educational goal at Mt. SAC:

- Obtain an Associate Degree Only
- Transfer with an Associate Degree
- Transfer without an Associate Degree

Have you taken the Assessment Test for Math and English? Yes [ ] No [ ]

How did you hear about the ACES Program?

### PERSONAL STATEMENTS

Please respond and write a paragraph answering each of the following questions on a separate typed page. This is your chance to tell us about yourself and to determine your commitment and potential to succeed in college.

1. Tell us about yourself and your personal background (i.e. family, friends, community, etc)?
2. What are your ultimate educational and career goals?
3. Please explain any challenges that may affect you in achieving your academic, personal or career goals?

### AFFIRMATION

I agree under penalty of perjury, that the above information is true and correct, and that all supplemental materials submitted verifying my eligibility for the program are accurate. I authorize the release of my information and records to the Mt. San Antonio College ACES Program to determine my eligibility for selection and for statistical reporting purposes.

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Student Name (print)

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Student Signature

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Date

Please submit your application along with all supporting documentation to the ACES Office located on the 2<sup>nd</sup> floor of the Student Services Center.

OR mail to:

TRiO ACES Program  
Mt. San Antonio College  
Miracle Mile 16B  
1100 N. Grand Ave.  
Walnut, CA 91789

OR fax to: 909-468-4465

If you have any questions please contact Elizabeth Estevez at

[eeestevez2@mtsac.edu](mailto:eeestevez2@mtsac.edu)  
909-274-4411

### DOCUMENT CHECKLIST

- 1. If ***Independent***: A *signed* copy of your most recent federal income tax return.\*  
If ***dependent***: Submit your *signed* taxes (if you file) along with a *signed* copy of your parent's most recent federal income tax return.\*
- 2. A *signed* copy of your Student Aid Report(SAR) from your FAFSA [www.fafsa.gov](http://www.fafsa.gov)
- 3. Personal Statements: Please type and respond in complete sentences to each of the three questions. Each response needs to be at least a paragraph in length.

\*students that do not provide taxes will need to provide a copy of their social security card