

Term: _____

U#: _____



University Center for Academic
and Workforce Development

SCHENECTADY
SUNY UCAWD



SCHENECTADY COLLEGE & CAREER OUTREACH CENTER (SCCOC) APPLICATION FOR ADMISSION

IN ADDITION TO THE INFORMATION IN THIS FORM, YOU WILL NEED TO PROVIDE PROOF OF RESIDENCY, INCOME, AND EDUCATIONAL BACKGROUND IN ORDER TO RECEIVE SERVICES

Date: _____

IDENTIFICATION INFORMATION

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.) (Previous Last Name)

Mailing Address: _____
(Street, Apt # / PO Box) (City) (State) (Zip) (County)

Home Phone: (_____) _____ Cell Phone: (_____) _____

Would you like to receive text messages from the Outreach Center and Community College?

() Yes () No

Email Address: _____

BIOGRAPHIC INFORMATION

DOB: _____ Gender: () Male () Female () X Preferred Pronouns: _____

Are you a U.S. Citizen? () Yes () No If no, are you a permanent US resident? () Yes () No

If no, what is your nation of primary citizenship? _____

Have you been a New York State resident for at least 12 months? () Yes () No

Are you Hispanic/Latino? () Yes () No

What is your race? *(Choose all that apply)*

() American Indian / Alaskan Native () Asian () Black or African American
() Native Hawaiian or other Pacific Islander () White

Do you have a disability that requires services or accommodations? () Yes () No

EDUCATION BACKGROUND

High School Attended: _____

City: _____

State: _____

Did you graduate? () Yes () No If "No," highest grade completed: _____

If "Yes," Date of Graduation: _____

Do you have limited reading ability? () Yes () No

Did you receive an Individual Educational Program (IEP) diploma? () Yes () No

Have you applied to or attended classes before at an EOC? () Yes () No

If you did not graduate, did you earn your High School Equivalency diploma? () Yes () No

If "Yes," Date of Completion: _____

College Attended: _____

City: _____

State: _____

Number of Credits Earned: _____

Do you have limited English proficiency? () Yes () No

If yes, what is your primary language spoken? _____

EMPLOYMENT / INCOME INFORMATION

Are you currently employed? () Yes () No If yes, () Full Time () Part Time

What is your approximate annual household income? _____

How many people reside in your household? _____

PARENT / GUARDIAN INFORMATION (IF APPLICABLE)

If you are under 18 years of age, please provide the following information for a parent or legal guardian.

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.)

Mailing Address: _____
(Street, Apt # / PO Box) (City) (State) (Zip) (County)

Home Phone: (_____) Cell Phone: (_____)

EMERGENCY CONTACT INFORMATION

Please provide contact information for an emergency contact.

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.)

Phone: (_____) Relationship: _____

SUPPLEMENTAL APPLICATION

Who referred you to the Schenectady College and Career Outreach Center? _____

What is your primary goal in coming to the SCCOC? (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Earn a college degree | <input type="checkbox"/> Earn High School Equivalency (TASC) |
| <input type="checkbox"/> Job Search / Job Seeking Skills | <input type="checkbox"/> Vocational Skills/ Training Program |
| <input type="checkbox"/> Cover Letter Preparation | <input type="checkbox"/> Improve Life Skills |
| <input type="checkbox"/> Resume Preparation | |
| <input type="checkbox"/> Other: _____ | |

Have you or an immediate family member served in the U.S. Military? Yes No
 If yes, and you are interested in applying to Schenectady County Community College, please complete college questionnaire

Are you legally able to use the computer/internet on your own? Yes No

If you have been involved in the criminal justice system, please select your status:

Formerly incarcerated Current Parolee Current Probationer

NOTE: Justice involvement DOES NOT preclude registration

Financial Information

Name	<input checked="" type="checkbox"/> if Head of House Hold	Relationship to Applicant	Does this person's income support the applicant? Yes or No	Is this Person a dependent of the Applicant? Yes or No	Is this person dependent on the income that supports the Applicant?	Place a <input checked="" type="checkbox"/> next to those listed who filed Income Taxes
1. Applicant		self	XXXXX	XXXXX	XXXXX	
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Are you receiving any of the following services? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Safety Net |
| <input type="checkbox"/> Cash/ rental assistance | <input type="checkbox"/> Disability Benefits | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Child support/ Alimony | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Supplemental Security Income |
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Retirement Benefits | |
| <input type="checkbox"/> Other Public Assistance: _____ | | |

SCHENECTADY COUNTY COMMUNITY COLLEGE QUESTIONNAIRE

What program or area of study are you most interested in? _____

When would you like to begin taking classes? (Fall or Spring followed by year) _____

Have you been dismissed from a college for disciplinary reasons? () Yes () No

SUPPLEMENTAL FINANCIAL AID QUALIFICATIONS

What is your status/history with US armed forces?

() Active-duty military () Active Reserves National Guard () Veteran () None

What is your relationship to military service member?

() Child of veteran () Child of active-duty member
() Spouse of veteran () Spouse of active-duty member

What is the highest level of education obtained by parent 1?

() Below high school diploma () High school diploma or equivalent
() Some college, no degree () Associate degree () Bachelor's degree or higher

What is the highest level of education obtained by parent 2?

() Below high school diploma () High school diploma or equivalent
() Some college, no degree () Associate degree () Bachelor's degree or higher

General Release Form

I authorize the Schenectady College and Career Outreach Center to use my **photographic image(s) or video graphic image(s)** for news releases and/or feature stories, where it may assist the Center to fulfill its mission and/or aid the Center in promoting its services.

Print Name

Date

Signature

I authorize the Schenectady College and Career Outreach Center to use my **name** in the media for news releases and/or feature stories where it may assist the Center to fulfill its mission and/or aid the Center in promoting its services.

Print Name

Date

Signature

I respectfully request that **neither my name nor my photograph** be used to assist the Center to fulfill its mission and/or promote its services.

Print Name

Date

Signature

I agree to allow SCCOC to share my application with SUNY Schenectady/ WFD &CE, Educational Opportunity Centers, Schenectady County Connects, training programs, community agencies and other outreach centers strictly to facilitate enrollment of my choice.

Signature

Date