

Re-Application for Enrollment

P.A.S.S. Program

(Providing Academic Support to Students)

Funded by a grant from the Texas Higher Education Coordinating Board with funds from the Carl D. Perkins Career and Technical Education Act of 2006

Office Use Only:

Semester Code: _____ Ranking Pts.: _____

*TSI: COMPLETE EXEMPT WAIVED
EFC: _____ R _____ W _____ M _____

YEAR: _____		Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Summer III	
Applicant Information			
Full Name: _____			ID#: _____
<i>Last</i>		<i>First</i>	
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone:() _____		Phone:() _____	
GPA: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Active E-mail Address: _____	
Number of credit hrs. registered for upcoming semester? _____		(Circle One) CERT /AAS	
Major: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent <input type="checkbox"/> Single Expectant Mother <input type="checkbox"/> Displaced Homemaker			
Do you receive assistance from the following Departments?			
TX Dept. of Human Services <input type="checkbox"/> YES <input type="checkbox"/> NO		SSI(Supplemental Security Income) <input type="checkbox"/> YES <input type="checkbox"/> NO	
WIA(Workforce Investment Act) <input type="checkbox"/> YES <input type="checkbox"/> NO		DARS(Dept of Assistive & Rehabilitative Services) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Workforce Solutions <input type="checkbox"/> YES <input type="checkbox"/> NO		WIC(Women, Infant & Children) <input type="checkbox"/> YES <input type="checkbox"/> NO	
V.I.D.A.(Valley Initiative for Development & Advancement) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes when did you apply: _____			
Do you have any children? <input type="checkbox"/> YES <input type="checkbox"/> NO		# of Children _____	
		If yes, what are their ages	
		Child 1: _____	Child 2: _____
		Child 3: _____	Child 4: _____
		Child 5: _____	
Did your mother/father obtain a College Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have a registered disability? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Eligible for financial aid through STC? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR: _____ Fall _____ Spring _____ Summer I _____ Summer II _____ Summer III _____			
What is your PRIMARY LANGUAGE ? _____			
Which Campus do you attend?		PCN <input type="checkbox"/>	NAH <input type="checkbox"/>
		TECH <input type="checkbox"/>	STARR <input type="checkbox"/>
		MID-VALLEY <input type="checkbox"/>	
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many hours per week? _____			
Employer: _____		Phone#:() _____	

This portion must be filled out in order for your application to be considered.

Please Check the services needed:

_____ **Lending Library(Textbook Assistance)** _____ **Childcare Services**

BELOW DESCRIBE YOUR REASON FOR NEEDING ASSISTANCE

Disclaimer and Signature

I certify that the above statements are true and correct to the best of my knowledge. I hereby authorize the P.A.S.S. program staff to secure financial and academic information necessary to determine my eligibility.

****Eligibility does not necessarily guarantee assistance****

Student Signature: _____

Date: _____

Advising Specialist/Advisor Signature: _____

Date: _____

Return Application to: STC, PASS Program, Pecan, Building K-2.200 (Revised 10/20/09)