



Holyoke Community College
 Student Support Services
STRIVE
Program Application

Thank you for your interest in **STRIVE!**

STRIVE is a TRIO Student Support Services program funded through the U.S. Department of Education. Students are accepted into STRIVE based on academic need, eligibility criteria and space availability. To determine your eligibility, please fill out the application completely and accurately. All information will be kept confidential. If you have any questions, please call (413) 552-2505 or visit us at DON 240.

How did you learn about the STRIVE Program? Presentation in class
 STRIVE flyer Word of mouth New Student Orientation Campus event/activity
 Other (Please explain) _____

STRIVE requires that students enroll in a **minimum of nine credits**. Priority is given to students enrolled in twelve or more credits. **I am enrolled in nine or more credits.**

Yes No

PERSONAL INFORMATION		
First Name:	Last Name:	Student ID:
Preferred Pronoun:	Preferred Name:	
Home Phone:	Cell Phone:	
<u>Preferred Method of Communication</u> Please check all that apply: <input type="checkbox"/> Text messages (Please list mobile carrier): _____ <input type="checkbox"/> Emails <input type="checkbox"/> Phone calls	<input type="checkbox"/> U.S. Citizenship <input type="checkbox"/> Permanent Resident A# _____	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other:		
<u>Financial Aid Information</u> Have you completed the Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Disability Information</u> Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am already working with and have submitted documentation to the HCC Office for Students with Disabilities and Deaf Services. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<u>How can STRIVE best support your educational goals? Please select all that apply:</u> <input type="checkbox"/> Academic Advising <input type="checkbox"/> Cultural Activities <input type="checkbox"/> Math Tutor <input type="checkbox"/> Learning Coach <input type="checkbox"/> Study Skills <input type="checkbox"/> Advocacy <input type="checkbox"/> Financial Aid Advising <input type="checkbox"/> Peer Mentoring <input type="checkbox"/> Transfer Advising <input type="checkbox"/> Career Development/Counseling <input type="checkbox"/> Writing Tutor <input type="checkbox"/> Other:		

EDUCATION INFORMATION	
Date of Admission to HCC:	Current Major:
I received a: <input type="checkbox"/> High School Diploma	High School graduation year: _____
<input type="checkbox"/> GED/HiSet	GED/HiSet Completion date: _____
I have been out of school for 5 or more years. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is HCC your FIRST college experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please list the college/s you have attended: _____	
<u>Parents' Education Information</u>	
Have any of your parents or guardians completed a four year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE PLANS	
Are you planning to earn: <input type="checkbox"/> An Associate's Degree <input type="checkbox"/> A Certificate <input type="checkbox"/> An Associate's degree and transfer to a four year college <input type="checkbox"/> Transfer to a four year college before earning a degree or certificate	

PLEASE NOTE: Applications are accepted throughout the year; however, acceptance into the program is based on academic need, eligibility criteria, and space availability.

AFFIDAVIT OF TRUTH STATEMENT AND RELEASE OF INFORMATION

I certify that the information I provided on this application is, to the best of my knowledge, complete and correct. I understand that by applying to the STRIVE Program, I authorize the STRIVE Program Staff to access my academic and financial aid information (including, but not limited to: College Placement Test scores, Transcripts, and Disability Documentation) in order to determine my eligibility for services. I understand that all information provided will be protected and confidential. I further understand that I am not eligible to receive STRIVE Program services until the intake process and program participation agreement is complete.

Signature: _____ **Date:** _____