

**S.O.A.R. STUDENT APPLICATION  
MAYLAND COMMUNITY COLLEGE  
INTAKE/NEED ANALYSIS**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Program/Major \_\_\_\_\_  
\_\_\_\_\_ Email address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**Degree Pursuing-** Associate (Two-year) \_\_\_\_\_ Diploma \_\_\_\_\_  
**Do you already have a degree?** \_\_\_\_\_ If yes, what? Associate's \_\_\_\_\_ Bachelor's or Higher \_\_\_\_\_  
**Do you plan to transfer to a four-year college?** \_\_\_\_\_

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**Ethnic Background:** Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_  
Asian/Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

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**Students' Statement of Basis for Eligibility:**

**Are you a United States citizen?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Did your mother graduate from high school?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Did she graduate from a four-year college?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Did your father graduate from high school?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Did he graduate from a four-year college?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How many people are in your family?** \_\_\_\_\_ (Count yourself and your dependents if you are self supporting. If you live with your parents, count your parents, yourself and all other dependents supported by your parents).

**What is your approximate total family income per year?**  
\_\_\_\_\_ \$0,00 - \$14,355 \_\_\_\_\_ \$14,356 - \$19,245 \_\_\_\_\_ \$19,246 - \$24,135  
\_\_\_\_\_ \$24,136 - \$29,025 \_\_\_\_\_ \$29,026 - \$33,915 \_\_\_\_\_ \$33,916 - \$38,805  
\_\_\_\_\_ \$38,806 - \$43,695 \_\_\_\_\_ \$43,696 - \$48,585 \_\_\_\_\_ \$48,586 +

**Are you receiving a Federal Pell Grant?** \_\_\_\_\_ If so, what is the amount per year? \_\_\_\_\_

**Do you have a physical, emotional, or educational disability?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Have you been tested for learning problems in public school or elsewhere?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you think you might have a Learning Disability?** Yes \_\_\_\_\_ No \_\_\_\_\_

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**Are you a Veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Full-time student?** (12+ credit hours) Yes \_\_\_\_\_ No \_\_\_\_\_

**Date (Semester/Year) you first enrolled in college (Mayland)** \_\_\_\_\_

**Have you ever been served by another TRIO Program?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which program? Upward Bound \_\_\_\_\_ Talent Search \_\_\_\_\_ Other \_\_\_\_\_

Please turn the form over and let us know if you are interested in any of the following services. **OVER** →

**Please check any of these services you may need:** (Ask us about them if you're not sure what they mean.)

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Counseling                       | <input type="checkbox"/> Study Skills Development                             |
| <input type="checkbox"/> Tutoring                                  | <input type="checkbox"/> Employability Skills (Resume, Interviewing Practice) |
| <input type="checkbox"/> Career Counseling                         | <input type="checkbox"/> Financial Counseling (Obtaining aid; budgeting)      |
| <input type="checkbox"/> Personal Counseling                       | <input type="checkbox"/> Peer Advising  |
| <input type="checkbox"/> Transfer Counseling                       |   |
| <input type="checkbox"/> Cultural Trips                            |   |
| <input type="checkbox"/> Use of computers & computerized tutorials |   |

**Would you be interested in learning more about any of following?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Relaxation          | <input type="checkbox"/> Goal Setting         | <input type="checkbox"/> Assertiveness     |
| <input type="checkbox"/> Time Management     | <input type="checkbox"/> Budgeting Your Money | <input type="checkbox"/> Transfer Concerns |
| <input type="checkbox"/> Test-taking         | <input type="checkbox"/> Study Skills         | <input type="checkbox"/> Other (Specify)   |
| <input type="checkbox"/> Conflict Resolution |   | _____                                      |

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Please answer the following questions in complete sentences. **All of this information is kept in strict confidence.**

**1. Describe what helped you make the decision to go to college. When did you make this decision?**

**2. Have you chosen a major? If so, discuss why you chose it. Are you familiar with career options in your chosen field?**

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I hereby certify that the above information is true and correct to the best of my knowledge. I also grant permission for the S.O.A.R. Program of Mayland Community College to have access to my financial and academic records. **If admitted to the S.O.A.R. Program, I understand that it is my responsibility and obligation to meet with my assigned counselor before withdrawing from college.**

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Student Signature

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Date

**\*A Federally Funded Student Support Services Program\***

Rev. 6/07