



STAR PROGRAM **Application Instructions**

STUDENT SUPPORT SERVICES & TRANSFER PROGRAM

APPLICANT REQUIREMENTS

- Must be enrolled in 9 units or more at San Bernardino Valley College
- Working on an Associate's Degree **and** Want To Transfer To A Four-Year University
- Meet One of The Following:
 - First Generation College Student, **or** Low Income, **or** Physical or Learning Disability
- US Citizen or Resident (Proof of Resident Status Required)
- Enrolled in English, Math, Biology (100), or Chemistry (100 or 104) (First Semester In STAR Only)
- Demonstrate an Academic Need for Tutoring and/or an Ability To Benefit From Program Services (Students Must Work To Complete SBVC Educational Goals In A Three Year Period.)
- Some Degree Programs Will Not Qualify
 - Certificate Only Programs, Nursing, Psych Tech, and Some Other Degree Programs Do Not Qualify.
 - Applicants that have already earned an Associates Degree, and are not pursuing transfer, are not eligible. Applicants that have already earned a Bachelor's degree, or higher, do not qualify.
 - Applications of students that have already earned an Associates Degree, and have one or two semesters of transfer requirements to complete, will be reviewed by the STAR Program Special Admissions & Student Review Committee and may not be eligible for the program.
 - Applicants that have already earned an Associates Degree, and have more then two semesters worth of transfer requirements to complete, are not eligible for the program.
- Applicants With More Than 69 Units, Must Submit, With The Application, An SBVC Educational Goal Plan Showing Degree and/or Transfer Completion Within Two Semesters

THE ITEMS LISTED BELOW ARE REQUIRED AS PART OF THE COMPLETED APPLICATION.

- A Current San Bernardino Valley College Class Schedule Is Required.
- An Copy of your Educational Goal Plan Is Required. (New Students are excluded.)
- A Copy Of Your Assessment Test Scores Is Required. If you have not taken any SBVC assessment test then this does not apply to you.
- If You Are Not A US Citizen, But You Are An Eligible Resident, A Copy Of i Your Alien Card, I-94, I-68, Or I-55 Is Required.
- Proof Of Financial Status Is Required. You May Bring In Any One Of The-Following:
 - Financial Aid Award Letter
 - Notice of Pell Grant and/or BOG
 - Most Recent Income Tax Return
 - AFDC or Social Security Insurance(SSI), or Food Stamps Award Letter
 - Most Recent Income Tax Return
 - W-2 Form
 - Pay Check Stub
- If You Are Coming Into The Program As A Disabled Student, Disability Verification Is Required.
 - A letter from your doctor/medical provider **or** A letter from the SBVC Disabled Student Services



Soc Sec # or Student ID # _____ Date of Birth: _____ Gender: F M

Name: _____
First PLEASE PRINT MI Last

Phone: (____) _____ Cell:(____) _____ Email address: _____
Highly Recommended

Mailing Address: _____
Street Address Apt# City State Zip

Permanent Address: _____
(If different from mailing address) Street Address Apt# City State Zip

ELIGIBILITY INFORMATION

Are you a U.S. Citizen or Permanent Resident? Yes No

Ethnic Background:

Asian Hispanic/Latino Native Hawaiian or Pacific Islander
 Black (African/Caribbean American) Native American/Alaskan White _____ Other: _____

What type of Financial Aid are you receiving?

Grants, Loan, Work study, BOGG, I have applied for financial aid but not yet received, None
 Scholarship (specify) _____

Number of Dependents (including yourself): 1 2 3 4 or more

Annual Household Income _____

Educational History (Check only those that apply to you)

Current Class Status: Freshman (0-30 Units Completed) Sophomore (31-69 Units Completed)

Do you have units from other colleges? No Yes School Name(s) _____

Copy of Transcript Evaluation from the SBVC Admissions Office will be needed if accepted into the STAR Program

My Educational Goal Is To Complete/Earn: Certificate, AA/AS Degree, BA/BS Degree, Other: _____

What Year Did You Begin Attending SBVC? _____ What is your SBVC major? _____

My goal is to transfer to a 4 year college: Yes No Name of transfer college? _____

Do you currently have a degree? No Yes: If yes AA/AS BA/BS Year _____

Do either of your parent's have a Bachelor's degree? (Four-Year University Degree) Yes No

Disability Information: (Optional)

Do you have a documented physical, mental, or learning disability? Yes No

Students are required to provide documentation of their disability. All documentation information will be kept strictly confidential. If you are an individual with a disability, please be sure to contact the Disabled Student Programs & Services at (909) 384-4443 for information about DSP&S services.

Academic Need:

All students in STAR must show academic need for services. Please check the following indicators, which apply to you.

- (1) A nontraditional college student (out of school for a minimum of 5 years)
- (2) Completed GED or high school equivalency
- (3) One or more "F's"/W's on transcript
- (4) Diagnosed learning disability or need for special academic accommodations (i.e. note-taking, test-reading)
- (5) Require tutoring to pass classes
- (6) Assessment test scores
- (7) ESL
- (8) Other (please specify) _____

How did you hear about the STAR / Student Support Services Program?

- Counselor
- Printed Material
- STAR Student
- Other (specify) _____

I declare that all information regarding my citizenship and income on this application to the best of my knowledge is true, correct, and complete. Applicant's Signature _____ Date _____

STAR /SSS TRIO Program Staff Signature _____ Date _____

Please return completed application and required documents to the STAR Program office, AD/SS 201.

Office Use Only – Do Not Write Below

Student ID# _____ Social Security # _____ Date Of Birth _____

Qualification Status:

- First Generation/ Low Income
- Disabled/Low-Income
- Low Income
- First Generation
- Disabled

Income verification:

- Pell Grant
 - FWS
 - SEOG
 - BOG B
 - Tax Form
 - SSI, TANIF Award Letter
 - Cal Grant
 - Pay Stub
 - Stated Income Form
- Number In Household _____
Annual Income _____

Perm. Resident Verification (Type): Resident Card I-94, I-68, or I-55

* Academic Need Code: 1 2 3 4 5 6 7 8

* Number of Units Enrolled: _____ Full time ¾ time ½ time less than ½ time

* Number of Units Completed: (if applicable) _____ GPA Upon Entry: (if applicable) _____

* Test Scores (Asset, Compass, ACT) English / Writing: _____ Reading: _____ Math _____ Other: _____

Student Support Services Coordinator

Application Status: Accepted Conditional-Admit Denied Review Committee **Accepted As:** FG/LI D/LI LI FG D

Coordinator's Signature _____ Review Committee Initials _____ Date _____

Comments and/or Other Information Needed Prior To Reviewing Application:

Student Support Services Secretary

Acceptance Letter Sent / Date _____ Project Entry/ New Student Orientation Date _____