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CONAWAY ACHIEVEMENT PROJECT



COLUMBIA COLLEGE CHICAGO

INTAKE PACKET

TRiO
STUDENT SUPPORT SERVICES

CONAWAY ACHIEVEMENT PROJECT

APPLICATION

TO DETERMINE ELIGIBILITY, PLEASE COMPLETE THIS FORM. THE INFORMATION YOU PROVIDE IS STRICTLY CONFIDENTIAL. THIS INFORMATION IS REQUIRED BECAUSE THIS IS A FEDERALLY FUNDED PROGRAM, AND STUDENTS WHO WISH TO PARTICIPATE MUST MEET CERTAIN REQUIREMENTS. PLEASE PRINT.

NAME _____ OASIS ID _____
LAST FIRST MI

E-MAIL _____

SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS _____
STREET CITY/STATE ZIP

PHONE NUMBER (____) _____ BIRTH DATE ____/____/____
Mo. DAY Yr.

NAME OF PARENT (S)

ADDRESS _____
STREET CITY/STATE ZIP

PHONE NUMBER (____) _____

GENDER:

- MALE
 FEMALE

CLASS LEVEL: FRESH SOPH JUNIOR SENIOR GRAD

MAJOR _____ MINOR _____

ARE YOU A TRANSFER STUDENT? _____ YES _____ NO

ETHNIC IDENTITY:

- | | |
|---|--|
| <input type="radio"/> AMERICAN INDIAN OR ALASKA
NATIVE | <input type="radio"/> HISPANIC OR LATINO |
| <input type="radio"/> ASIAN | <input type="radio"/> CAUCASIAN |
| <input type="radio"/> BLACK OR AFRICAN AMERICAN | <input type="radio"/> NATIVE HAWAIIAN OR PACIFIC
ISLANDER |
| | <input type="radio"/> OTHER |

CONAWAY ACHIEVEMENT PROJECT

ELIGIBILITY CRITERIA:

- YES, I AM A U.S. CITIZEN
- NO, BUT I AM AN ELIGIBLE NONCITIZEN

❖ INCOME DATA TO DETERMINE LOW-INCOME ELIGIBILITY:

- *HAVE YOU APPLIED FOR FINANCIAL AID?*
 - YES - DATA WILL BE OBTAINED FROM THE FINANCIAL AID OFFICE
 - NO - TO DETERMINE ELIGIBILITY FOR PROGRAM SERVICE AS A LOW-INCOME STUDENT, YOU WILL BE ASKED TO COMPLETE A FINANCIAL AID FORM OR PROVIDE FINANCIAL INFORMATION.

❖ FAMILY BACKGROUND TO DETERMINE FIRST-GENERATION ELIGIBILITY:

- DID EITHER PARENT (NATURAL OR ADOPTIVE) YOU LIVED WITH RECEIVE A DEGREE FROM A FOUR-YEAR COLLEGE OR UNIVERSITY? YES NO

❖ DISABILITY VERIFICATION:

- DO YOU HAVE A DOCUMENTED DISABILITY?
 YES NO
- HAVE YOU REGISTERED WITH SERVICES FOR STUDENTS WITH DISABILITIES?
 YES NO

CONAWAY ACHIEVEMENT PROJECT

ACADEMIC NEEDS ASSESSMENT

I. EDUCATIONAL MOTIVATION

CHECK *TRUE* OR *FALSE* FOR THE FOLLOWING QUESTIONS.

- I KNOW HOW TO TAKE GOOD NOTES IN CLASS. ___T ___F
- I SPEND 2 HOURS STUDYING FOR EACH HOUR I AM IN CLASS. ___T ___F
- I STUDY IN THE LIBRARY ON A REGULAR BASIS. ___T ___F
- I STUDY AT HOME. ___T ___F
- I MUST HAVE QUIET WHEN I STUDY. ___T ___F
- I READ MY TEXTBOOKS. ___T ___F
- I PREPARE FOR CLASS AHEAD OF TIME. ___T ___F
- I READ OVER MY NOTES AFTER CLASS. ___T ___F
- I FINISH ASSIGNMENTS ON TIME. ___T ___F
- I HAVE SET A GOAL TO DO WELL IN COLLEGE. ___T ___F
- I ACCEPT RESPONSIBILITY FOR DOING WELL IN COLLEGE. ___T ___F
- IT IS UP TO MY INSTRUCTORS IF I LEARN IN CLASS OR NOT. ___T ___F
- GOOD GRADES ARE A MATTER OF LUCK AND TIMING. ___T ___F
- I STUDY THE EASY PARTS IN SUBJECTS THAT ARE HARD FOR ME. ___T ___F
- I OFTEN WONDER IF SCHOOL IS REALLY WORTHWHILE FOR ME. ___T ___F

II. ACADEMIC CONCERNS

PLEASE MARK THE BOX NEXT TO THE STATEMENTS THAT EXPRESS HOW YOU FEEL.

- I HAVE TROUBLE READING COLLEGE-LEVEL TEXTBOOKS.
- I HAVE TROUBLE TAKING NOTES FROM LECTURES.
- I WOULD LIKE TO IMPROVE MY GRAMMAR.
- I AM UNCOMFORTABLE ASKING QUESTIONS IN CLASS.
- I LEARN BEST BY ACTUALLY DOING SOMETHING.
- I LEARN BEST BY LISTENING TO EXPLANATIONS.
- I LEARN BEST BY WATCHING SOMETHING BEING DONE.
- I AM ABLE TO RESEARCH AND ORGANIZE A TERM PAPER.
- I HAVE DIFFICULTY WRITING PAPERS.
- I KNOW WHEN IT IS TIME TO GET HELP IN A CLASS.
- I AM UNCOMFORTABLE ASKING FOR TUTORING/ASSISTANCE.
- I USUALLY GET SOMEONE/A FRIEND TO HELP ME WITH MY CLASSES.
- I UNDERSTAND WHAT I READ.
- I WOULD LIKE TO INCREASE MY VOCABULARY.
- I HAVE MATH ANXIETY.
- I HAVE TEST ANXIETY.
- I USE A CALENDAR TO KEEP TRACK OF WHEN MY TESTS ARE TO BE GIVEN.
- I READ MY SYLLABUS FOR EACH CLASS.
- I HAVE DIFFICULTY CONCENTRATING.

CONAWAY ACHIEVEMENT PROJECT



INDIVIDUALIZED SERVICE PLAN

PLEASE CHECK WHAT SERVICES YOU WOULD LIKE TO RECEIVE FROM THE CONAWAY ACHIEVEMENT PROJECT:

I. ACADEMIC COUNSELING

- A) ___ MONITORING ACADEMIC PROGRESS
- B) ___ HELP WITH CLASS WORK. IF YES, WITH WHAT CLASS WORK AND HOW CAN WE HELP?
- C) ___ REFERRAL TO TUTORING SERVICES

IV. WORKSHOPS (CHECK THE WORKSHOPS IN WHICH YOU ARE INTERESTED IN PARTICIPATING:)

- | | |
|--------------------------|--------------------------|
| A) ___ TAKING GOOD NOTES | I) ___ SAFETY TECHNIQUES |
| B) ___ TIME MANAGEMENT | FOR STUDENTS |
| C) ___ STUDY SKILLS | J) RESUME & COVER LETTER |
| D) ___ COMPUTER SKILLS | WRITING |
| E) ___ PEER/SOCIAL | K) DRESS FOR SUCCESS |
| RELATIONSHIPS | L) ___ OTHER |
| F) ___ BUDGETING FOR | _____ |
| COLLEGE LIFE | _____ |
| G) ___ STRESS MANAGEMENT | _____ |
| H) ___ TEST ANXIETY | |

CONAWAY ACHIEVEMENT PROJECT



CONTRACT

I UNDERSTAND THAT I:

- 1) WILL BE ASSIGNED A PROJECT ADVISOR,
- 2) MAY RECEIVE TUTORING, COUNSELING, STUDY SKILLS HELP, ACADEMIC PRE-ADVISING, PEER SUPPORT, AND VARIOUS SUPPORT WORKSHOPS.

I AM AWARE THAT I AM REQUIRED TO:

- 1) SIGN A NEW CONTRACT AT THE BEGINNING OF EACH ACADEMIC YEAR,
- 2) COMPLETE AN UPDATE FORM FOR EACH ACADEMIC YEAR TO ENSURE THAT MY FILE REMAINS CURRENT,
- 3) MEET WITH MY PROJECT ADVISOR A MINIMUM OF THREE TIMES DURING THE SEMESTER,
- 4) HAVE CONTACT WITH MY PROJECT ADVISOR ONCE A MONTH IN ORDER TO DEVELOP A PLAN TO IMPROVE MY GRADE POINT AVERAGE IF I AM ON ACADEMIC PROBATION,
- 5) FOLLOW THE STUDENT CODE OF CONDUCT OF COLUMBIA COLLEGE CHICAGO.

TO BE CONSIDERED ACTIVE YOU ARE REQUIRED TO ADHERE TO THIS CONTRACT. FAILURE TO FULFILL THE ABOVE REQUIREMENTS MAY RESULT IN BEING CONSIDERED "INACTIVE," WHICH RENDERS YOU INELIGIBLE TO RECEIVE THE SERVICES. ABUSE OF PRIVILEGES OR THE DISPLAY OF INAPPROPRIATE BEHAVIOR WILL RESULT IN SUSPENSION, OR INELIGIBILITY TO RECEIVE SERVICES.

I HEREBY GIVE PERMISSION FOR CAP STAFF TO DISCLOSE AND RECEIVE INFORMATION CONCERNING THE NATURE OF MY CAP ELIGIBILITY. INFORMATION CONCERNING MY ACADEMIC PROGRESS MAY BE SECURED ON AN AS-NEEDED BASIS WITH APPROPRIATE FACULTY AND STAFF AT COLUMBIA COLLEGE CHICAGO. MY SIGNATURE SIGNIFIES THAT I HAVE READ AND UNDERSTOOD THIS CONTRACT.

STUDENT SIGNATURE

DATE

STAFF SIGNATURE

DATE

CONAWAY ACHIEVEMENT PROJECT



OFFICE USE ONLY

ADMITTED TO PROGRAM YES _____ NO _____ DATE _____ / _____ / _____

IF NO, REASON _____

IN FILE:

- _____ APPLICATION
- _____ CONTRACT
- _____ SCHEDULE
- _____ INDIVIDUAL SERVICE PLAN
- _____ INCOME VERIFICATION, DIRECTOR'S INITIALS _____
ADJUSTED GROSS INCOME \$ _____
- _____ DISABILITY DOCUMENTATION
- _____ STUDENT FINANCIAL SERVICES STATEMENT
- _____ ACADEMIC NEEDS ASSESSMENT
- _____ INTAKE STATEMENT FROM PROJECT ADVISOR

TRIO CRITERIA:

- FIRST GENERATION
- LOW-INCOME
- DISABILITY
- DISABILITY & LOW-INCOME
- FIRST GENERATION & LOW-INCOME

I HEREBY VERIFY THAT THIS FILE IS COMPLETE WITH THE ACCEPTANCE DECISION STATED ABOVE FOR THE CONAWAY ACHIEVEMENT PROJECT.

DIRECTOR'S SIGNATURE _____ DATE _____

CONAWAY ACHIEVEMENT PROJECT

STUDENT SUPPORT SERVICES Low-Income Verification Form

This form is used for verification of income only. The information will help to determine if the student meets the acceptance criteria of the Conaway Achievement Project. This information is confidential, held only by the Conaway Achievement Project (CAP) office.

Student's Name _____

Date _____

Number of people in the household _____

In the appropriate space below, please write the amount of taxable income as reported on your most recent income tax return or FAFSA.

\$0	-	\$16244	_____
\$16245	-	\$21884	_____
\$21885	-	\$27464	_____
\$27465	-	\$33074	_____
\$33075	-	\$38684	_____
\$38685	-	\$44294	_____
\$44295	-	\$49904	_____
\$49905	-	\$55514	_____
\$55515	-	\$61125	_____
Over		\$61125	_____

I attest to the accuracy of the information provided above.

Student Signature

Date

Parent Signature

Date

*Unless students are classified independent for tax reporting purposes, there must be a parent signature, a student aid report or tax return.