

EXCEL applicants must complete the attached application and bring it to the initial interview along with the requested documentation indicated below. Please note that you may be asked to reschedule your appointment if you do not bring the information requested below.

1. **Parent's Education:** Applicants must know the highest level of education achieved by their parent(s) and/or guardian(s) with whom they live(d).
2. **Disability:** You may qualify as a student with a disability if you choose to disclose this information. Do not bring documentation of your disability to the interview. All we need to know is if you have a disability that impacts your academic experience.
3. **Financial Aid Data:** The Department of Education requires the following income documentation:
 - **Dependent students (born after Jan. 1, 1988) must have their parents complete the information requested in # 4 a. b. c. and d. (parent or guardian signature) at the top of page 3 on the attached application.** Students who are less than 24 years of age are generally considered dependent students. Acceptable documentation for a dependent student includes: a. verification of parent/guardian taxable income from another governmental source; b. a signed financial aid application (FAFSA); or a signed United States or Puerto Rico income tax return for your parents or legal guardians.
 - **Independent students, (born before Jan. 1, 1988)** generally those who are 24 years of age or older **or** students less than 24 who are married, veterans of the U.S. Armed Forces, have a legal dependent other than a spouse, or who are a ward of the court or an orphan, **must complete # 5 a. b. c.** at the top of page 3. Acceptable documentation is the same as for dependent students except that the documentation is for the student and his/her spouse if applicable. Income information for parents and/or guardians is not needed for independent students.



EXCEL

2011-2012 Application

I. PERSONAL DATA:

Social Security Number _____ Student ID Number _____

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Gender: Male Female

U.S. Citizen? Yes No If No, Resident Alien Number: _____

Ethnicity/Race (Mark all that apply):

- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- No Response

For Office Use Only

Eligibility (indicate only one):

- SWD
- SWD/LI
- FG only
- LI & FG
- LI only

Participant Type

- ESL
- Veteran
- Homeless
- Disabled
- Foster Child
- Not Applicable
- Unknown

Academic Need (indicate all that apply):

- Academic Proficiency Tests
- Low Admission Test Scores
- Out of Academic Pipeline 5 or More Years
- High School Equivalency
- Failing Grades
- Low College Grades
- Predictive Indicators
- Limited English Proficiency
- Lack of Preparedness for College Level Course Work
- Lack of Educational and/or Career Goals
- Low High School Grades
- Need for Academic Support to Raise Grades(s) in Required Course(s)/Academic Major

First Semester at MAC _____

Date of Interview _____

Current Credit Hours Enrolled _____

Primary Field of Study _____

Entry Grade Level:

- 1st yr, attended before
- 1st yr, never attended
- 2nd yr, Sophomore

Multiple Programs

- Other TRiO Program
- Other Federally Funded Program

II. EDUCATIONAL DATA:

High School: _____ Year Diploma or GED received: _____

How many years has it been since you attended high school or college? _____

Area of Interest/Intended Major _____

Have you attended other colleges? Yes No

Name of college(s): _____

Degrees Completed _____

Are You: Currently enrolled at Mineral Area College Applied for admission

Ultimate Education Goal (check all that apply)

- Associate of Arts (AA)
- Associate of Science (AS)
- Associate of Applied Science (AAS)
- Associate of Arts in Teaching (AAT)
- Associate of General Studies (AGS)
- Bachelors (BS or BA)
- Masters (MA)
- Doctorate
- Post-Doctorate
- Other

III. ELIGIBILITY CRITERIA: *(Information in this section is held in strict confidence.)*

A. First Generation Status: What is the highest grade/level of education completed by your adoptive or natural supporting parent(s) and/or guardian(s)?

Father _____ Mother _____ Guardian _____

****B. Disabilities: (Optional, used for eligibility purposes only. If a disability is indicated, documentation will be requested from the Access Office Director.)**

1. Do you have any documented disabilities, including learning, physical, or mental, that would substantially limit your participation in college? Yes No
2. Did you receive services related to your disability in high school, or do you currently receive services from any agency? Yes No

If yes, from whom did/do you receive services and what services did/do you receive? _____

C. Financial Aid Data *(signed Federal Tax Return, signed FAFSA, or other taxable income from another governmental source required for documentation)*

1. Have you applied for financial aid? Yes No
2. Have you been awarded financial aid at Mineral Area College? Yes No
What type? (e.g., Pell Grant, Scholarship, etc.) _____
3. Answer the questions below to determine if you will need to provide your parents' information. If you answer "yes" to any of the questions below you may skip question 4 on the following page and go immediately to question 5.
 - Were you born before January 1, 1988? Yes No
 - Are you married? Yes No
 - Are you currently serving on active duty in the US Armed Forces for purposes other than training? Yes No
 - Are you a veteran of the U.S. Armed Forces? Yes No
 - Do you have a legal dependent other than a spouse? Yes No
 - Are you a ward of the court or an orphan? Yes No

4. If you answered 'No' to all of the above statements, your parents, or the person(s) with whom you primarily resided prior to your eighteenth birthday, must complete the information below and provide documentation as indicated previously.

a. Current family size _____ b. **Total 2010 taxable income \$** _____

c. Parent/Guardian Name _____

Please Print

d. Signature _____ Date: ____/____/____
Parent/Guardian

5. If you were born before January 1, 1988, please indicate your **2010 taxable income** below:

a. Family size _____ b. **Total 2010 taxable income \$** _____

c. Source of income _____

Statement of Confidentiality

The personal and financial aid information you give to the EXCEL Director or Assistant Director is sent to the Department of Education. The information is protected by the Privacy Act. No one may see the information unless he or she works with, or for, the EXCEL Program, or is specifically authorized to see the information. In addition to the information you provide, the EXCEL Director or Assistant Director may request financial aid information from the Financial Aid Office. This information is necessary to determine if the applicant is eligible to participate in the program and qualifies for SSS Grant Aid; it also helps the federal government to measure your success. Please sign below if you give EXCEL permission to contact the Financial Aid Office regarding your financial aid information and to send your personal and financial aid information to the Department of Education.

CERTIFICATION

I hereby certify (1) that I have read the statement of Confidentiality and (2) that the information provided in this application is true and correct to the best of my knowledge.

Printed Name of Student Signature Date

Form Completed By: _____

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Questions, contact the EXCEL office at:

**EXCEL/Student Support Services
Mineral Area College
P.O. Box 1000 * Park Hills * MO * 63601-1000
(573) 518-2131**

If you have special needs as addressed by the Americans with Disabilities Act and need this information provided in an alternative format, notify an EXCEL staff member immediately. Reasonable efforts will be made to accommodate your special needs.

Mineral Area College does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, creed, or marital or parental status. For more information call the Title VI, Title IX, Section 504 and ADA Coordinator at 573-431-4593 or U.S. Department of Education, Office of Civil Rights.