PROJECT IMPACT APPLICATION

 Trio.bmp

Project IMPACT | California State University East Bay

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**PROJECT IMPACT Office Use Only**

Rec’d by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Date of Service \_\_\_\_\_\_\_\_\_\_\_\_

Cohort Year\_\_\_\_\_\_\_\_\_\_

* Eligible: Disabled & Low Income
* Eligible: Disabled only
* Eligible: Income Verification
* Eligible: Disability Documented
* Eligible: Academic Need

Project IMPACT’s mission is to provide a full range of academic support services, counseling and assistive technology training to promote success in both your educational and career goals. Located in the University Library Annex, Project IMPACT provides a positive, diverse and supportive learning lab environment, and fosters a community of support amongst students, staff, and faculty.

This program’s unique and individualized services are intended to facilitate self-advocacy, increase successful academic outcomes, enhance learning strategies, foster personal development, improve financial literacy, and create paths for reaching graduation in a timely manner for students with verified disabilities.

Project IMPACT is a Student Support Services Project which receives its funding under Title IV of the Higher Education Act of 1965 through the TRiO division of the United States Department of Education. Congress established TRiO programs to promote educational equity for students who are traditionally underrepresented in higher education. Our primary goal is to provide supportive services to qualifying students with documented disabilities.

**Personal Identification**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Last First M.I.

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Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number (include area code) NET ID

Marital Status:  Married  Single Gender (Check One):  Male  Female

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Date of Birth (mm/dd/yyyy)

**Self-Reported Identification**

Place a check mark next to the ethnic background(s) with which you most clearly identify:

American Indian or Alaskan Native Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian  Native Hawaiian/Other Pacific Islander

Black, African American

Hispanic/Latino

White/European American

**Emergency Contact**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Last First M.I.

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Relationship to Student Cell or Home Number

**Eligibility**

Are you a first generation college student (neither parent completed a 4 year college degree)?  Yes  No

Are you a United States Citizen?  Yes  No

Are you a United States National (Native of American Samoa or Swain’s Island)?  Yes  No

Are you a United States Permanent Resident (Registered with Immigration and Naturalization)?  Yes  No

Do you have a documented, permanent disability?  Yes  No

Are you registered with EXCEL?  Yes  No  Applied

**Other Services**

Are you registered with Accessibility Services?  Yes  No

Are you registered with GANAS?  Yes  No

Are you registered with SANKOFA?  Yes  No

Are you registered with SSOS or TAPASS?  Yes  No

Are you registered with the College Link Program?  Yes  No  Applied

Are you an ***accepted*** CSUEB EOP (Educational Opportunity Program) student?  Yes  No  Don’t know

Are you registered with the Department of Rehabilitation?  Yes  No  In process

Are you registered with any other student service programs?  Yes  No

If yes please list the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes to any of the above, what is your counselor’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** To Complete Your Application**

Have you submitted your parent/ guardian’s or your own **signed 1040** tax form?  Yes  No

Note: In order to process your application we must receive the first 2 pages of your parent/ guardian’s **signed** **1040 tax form** which lists you as a dependent. If you are considered an “independent student” by financial aid standards we need your **1040 tax form**. Please make sure it is **signed.**  Tax return transcripts are **not acceptable**. Please redact (black out) social security numbers. This is a stipulation of our grant, and necessary for reporting purposes. We treat these documents seriously and securely.

If you do not file taxes, please reach out to Project IMPACT staff.

Have you or your Accessibility Services Counselor submitted **disability documentation**?  Yes  No

**Your application cannot be processed until you submit your signed 1040 tax form and disability documentation.**

**Please continue to next page.**

APPLICANT AGREEMENT

We offer an array of services such as tutoring, academic advising, study skills support and financial aid support. Due to the limited number of participants Project IMPACT can serve per year and the high interest in our services; the program will generate a waiting list. Eligibility does not guarantee acceptance into the program. Preference is given to students who also qualify as low income, or are a first generation college student. To be eligible, in addition to meeting other requirements, you must have documented academic need, as defined by the grant. This is determined through a careful screening during the application process.

To ensure you receive the highest benefit from our services, all accepted applicants are required to participate in the development of an Individualized Support Plan (ISP). Project IMPACT Staff will assist you in identifying your areas of challenge and pair you with services which will help you develop skills to aid in those areas. Your ISP becomes your participation requirements for the program. Participation in Project IMPACT is based on academic need therefore we expect each student to make use of the available resources. Students who do not utilize the Project IMPACT services may have their application re-evaluated and dismissal from the program will be considered in order to provide students on the waiting list an opportunity to use Project IMPACT services. Acceptance into Project IMPACT will also serve as your agreement to the expected standards and participation guidelines discussed during your interview and Individualized Support Plan. Project IMPACT understands that all students experience unique stressors. Extenuating circumstances which may affect participation will be evaluated on a case by case basis.

I hereby certify that the information submitted in this application is true. I understand that the falsification or failure to provide requested information may disqualify me from consideration as a Project IMPACT participant. As an applicant, I hereby grant the Project IMPACT staff permission to access my academic, disability, and financial aid records. I understand that my application and records will be treated securely and access to these records is necessary for the program’s academic monitoring and advising components. I also understand the information pertaining to my California State University, East Bay student records including personal, academic, disability, and financial records will be used for reporting purposes, for coordinating support, for service delivery and in determining eligibility. I understand that I may be identified as a member of the program to other staff/ faculty in campus databases, such as Bay Adviser, or in other ways for the purposes of coordinating service delivery.

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Applicants Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print) Net ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Signature (For Students Aged 17 & Under Only) Date

**For Project IMPACT Office Use Only**

**Academic Need Eligibility:**

Low High School Grades

* *Attach High School Transcript*

Low Admission Test Scores

* *ELM*:\_\_\_\_\_\_\_\_
* *EPT:\_\_\_\_\_\_\_\_*

Predictive Indicator (GPA, SAT or ACT)

* *Test and Score:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Proficient Tests (LD test results, placement tests, study skills inventories, non-cognitive skills assessment)

* *List & attach document*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Low College Grades

* *Attach Unofficial transcript*

High School Equivalency

Failing Grades

* *Attach Unofficial Transcript*

Out of the Academic Pipeline for more than 5 years

Lack of Education/ Career Goals (undeclared or unfocused academic history)

* *Attach Admissions Inquiry or Transcript*

Lack of Academic Preparedness for College Level

* *Attach LASSI*

Need for Academic Support to Raise grades in required course(s)/ academic major

* *Attach Unofficial transcript*

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_