

## IHCC Scholars Eligibility Application

<b><u>Section One: General Information</u></b>				
Name: (Last, First, Middle Initial)			Social Security Number	
Address			Gender	
City	State	Zip	Date of Birth	Age
County	Phone Number			
Email Address				
Emergency Contact (Name and Phone)				
U.S. Citizen		Are you registered with Selective Service?		
If you are NOT a U.S. citizen, are you authorized to work in the U.S.?	If yes, provide a copy of alien registration documentation including registration and expiration date.			
Is English your native language?				

<b><u>Section Two: Personal Information</u></b>	
<b>Are you...</b>	
Pregnant?	A foster child?
A single parent?	A runaway?
Are one or both of your parents incarcerated?	Homeless?

<b>Do you have...</b>	
Chronic behavior problems?	A lack of occupation skills/goals?
A substance abuse problem?	Any chronic physical disabilities?

**Section Three: Education Information**

Current Education Status:

- Not Enrolled
- Attending High School
- Attending HiSET Classes
- Attending Post-Secondary Training

Are you currently a full-time student at Indian Hills Community College? \_\_\_\_\_

If no, are you planning to attend school within the next four months? \_\_\_\_\_

What is your academic program of interest? \_\_\_\_\_

Highest Education Completed:

- Did not obtain HS diploma or equivalent: highest grade completed \_\_\_\_\_
- Attained High School Diploma
- Attained HiSet or Equivalent
- Attained Other Post-Secondary Degree or Certification
- Attained Associate's Degree

<b>Do you receive services or assistance from:</b>	
Family Investment Program (FIP)	General Assistance or Refugee Cash Assistance
Supplemental Security Income (SSI)	Food Assistance (SNAP)
Social Security Disability Insurance (SSDI)	Free/Reduced Lunch

Foster Care	Veteran's Administration
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Application Information Certification

- I give this information to support my request for a determination of eligibility for IHCC Scholars.
- I certify that the information in this application is true and correct.
- I consent to a background check in order to be admitted to the IHCC Scholars program.

Signature of Applicant	Date
<i>Parent/Legal Guardian (If Applicant is Under Age 18): I certify by my signature below that the information provided in this application is correct to the best of my knowledge and that, if accepted, my dependent may participate in employment and training programs.</i>	
Signature of Parent/Legal Guardian	Date