

# Hoop of Learning Checklist



## Hoop of Learning

- Hoop of Learning Application
- Certificate of Indian Blood (CIB)
- High School Official Transcript
- High School ID
- Student Admissions Application

College	Mesa Community College
Program Contact	Early College Programs
Contact Number	480-461-6200
Email	Antonio.Bracamonte@mesacc.edu

**Deadline for submitting application  
to Mesa Community College Outreach  
Center:  
Friday, February 21, 2020**



**MESA  
COMMUNITY COLLEGE**  
A MARICOPA COMMUNITY COLLEGE

# Hoop of Learning Application

(Check College of interest below):

Maricopa Community College District  
2411 West 14<sup>th</sup> Street  
Tempe, AZ 85281  
480-731-8000

- |  |  |
|--|--|
| <input type="checkbox"/> Chandler-Gilbert Community College  | <input type="checkbox"/> Paradise Valley Community College |
| <input type="checkbox"/> Estrella Mountain Community College | <input type="checkbox"/> Phoenix College                   |
| <input type="checkbox"/> GateWay Community College           | <input type="checkbox"/> Scottsdale Community College      |
| <input type="checkbox"/> Glendale Community College          | <input type="checkbox"/> South Mountain Community College  |
| <input type="checkbox"/> Mesa Community College              |  |

*Only those with a lawful presence in the US may qualify for MCCCCD scholarships or federal financial aid. Any information you provide about your legal status when you apply for financial aid or scholarships may be subject to mandatory reporting to federal immigration authorities under AZ law. This does not apply to applications for the private scholarship funds held in and distributed by the Maricopa Community Colleges Foundation.*

<b>Student ID:</b> _____	<b>Applicant status:</b>	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Continuing Student	<input type="checkbox"/> Returning
<b>Student SS#:</b> _____	<b>Applying for:</b>	<input type="checkbox"/> Summer I / II	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall

## SECTION A – Personal Data

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_ Gender:  Male  Female

## SECTION B – Educational Information

Please complete each section thoroughly and accurately. If the following information is not known, contact your school counselor to complete this section.

School Attending: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Semester GPA: \_\_\_\_\_  
Grade in School:  9<sup>th</sup> / Freshman  10<sup>th</sup> / Sophomore  11<sup>th</sup> / Junior  12<sup>th</sup> / Senior  GED (Date Rec'd): \_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_

## SECTION C – Extracurricular Activities

Please list any activities that you are involved in or plan to participate in during the upcoming year.

_____	_____
_____	_____
_____	_____

## SECTION D – Future Plans / Program Interest

<input type="checkbox"/> Apply to a university or 4-year college	<input type="checkbox"/> Apply to a community college
1 <sup>st</sup> Choice _____	1 <sup>st</sup> Choice _____
2 <sup>nd</sup> Choice _____	2 <sup>nd</sup> Choice _____

Type of community college degree you are interested in pursuing:

- Associate of Arts degree (transfer)
- Associate in Business degree (transfer)
- Associate in Science degree (transfer)
- Associate of General Studies

College Major / Concentration: \_\_\_\_\_

- Associate of Applied Science degree (occupational)
- Certificate of Completion
- Undecided

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## SECTION E– Documentation Required

Students must provide evidence of lawful presence in the U.S. by providing one of the following types of documentation:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
3. A United States certificate of birth abroad.
4. A United States passport.
5. A foreign passport with a United States visa.
6. An I-94 form with a photograph.
7. A United States citizenship and immigration services employment authorization document or refugee travel document.
8. A United States certificate of naturalization.
9. A United States certificate of citizenship.
10. A tribal certificate of Indian blood.
11. A tribal or Bureau of Indian Affairs affidavit of birth.
12. Tribal members, the elderly and “persons with disabilities or incapacity of the mind or body,” may submit certain types of documentation under Section 1903 of the federal Social Security Act (42 United States Code §1396b, as amended by Section 6036 of the federal Deficit Reduction Act of 20051)

**IMPORTANT - Please attach a copy of one of the above forms of documentation to this application prior to submission.**

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## SECTION F – Student Commitment/Acceptance Guidelines

As a participant in the Hoop of Learning program, I agree to the commitment/acceptance of the following:

- Attendance to the orientation/registration with my parent/guardian
- Participation in all events/activities related to the program
- Consent to the release of my academic information, as necessary for program use
- Maintain compliance of all district and college institution policies and procedures
- Consistent attendance to all enrolled courses
- Maintain a Grade Point Average (GPA) of 2.0 or better in both high school and college courses while participating in the program
- I understand all grades earned will become a part of my permanent academic record
- I understand if I withdraw from my class or program, I may jeopardize my continued participation in the program
- Consent to participate in surveys and studies for continues program improvement
- Consent to the release and use of photographs, video, filming and recordings for the use in program, college and district publications, development of promotional and/or marketing materials

**As a selected participant of the Hoop of Learning program, I commit to the goals of the program and will fully participate in all aspects of the program. I am open to learning, growing and contributing to my academic and personal growth.**

**By signing this application, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true.** (This does not apply to applications for the private scholarship funds held in and distributed by the Maricopa Community Colleges Foundation.)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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## SECTION G – Parent/Guardian Information and Commitment Clause

Parent/Guardian Name \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_

I give permission for my child to participate in the Hoop of Learning program. I understand that my child will be required to participate in mandatory activities and events, enroll and complete all prerequisite and/or required courses. I have reviewed and agree to assist my child in following the student commitment/acceptance guidelines of the Hoop of Learning program. As the parent/guardian, I commit to providing the needed support system to ensure success.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District. MCCCD does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, [www.maricopa.edu/non-discrimination](http://www.maricopa.edu/non-discrimination).



Check the box in front of the college or skill center to identify where you plan to attend.

- Chandler-Gilbert Estrella Mountain Gateway Glendale Mesa Paradise Valley Phoenix Rio Salado Scottsdale South Mountain Estrella Mountain - Southwest Skill Center Gateway - Central City/Deer Valley

APPLICANT INFORMATION

Student ID# Term of Enrollment: Fall Spring Summer Year

Legal Name First Middle Last

Date of Birth Legal Sex Gender Identity

SSN# Your Social Security Number (SSN#) will not be used as your primary student identification number...

CONTACT INFORMATION

Address Apt#

City State Zip

Telephone Number Home Cellular

By checking this box, I give permission to the Maricopa Community Colleges to send SMS text messages...

Email Address Home Other

VERIFICATION OF LAWFUL PRESENCE FOR RESIDENCY/TUITION CLASSIFICATION\*

\* These questions are asked for the purpose of determining tuition. Pursuant to A.R.S. §§1-502, 15-1802, 15-1802.01, 15-1803...

- US Citizen Permanent Resident: Alien Registration# Refugee or Asylee: Alien Registration# Foreign Non-immigrant with Visa: Country of Citizenship Specify Visa type Lawful Presence Otherwise Documented: AZ Department of Motor Vehicle License or AZ Photo ID Number: Does not Apply: I am not requesting in-state tuition

DEMOGRAPHIC INFORMATION

RACE/ETHNICITY\*

Table with 4 columns: Question, Primary Y/N, Percentage, Ethnic Group/Tribe. Rows include Hispanic/Latino, American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White.

\*\* Voluntary information used to comply with Federal Reporting and has no effect on admission to the college.

Information Release - FERPA

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?

## PREVIOUS EDUCATION

### Previous College *(check highest level completed)*

Associate Degree  Bachelor Degree  Master Degree  No College or University  Some College while enrolled in HS  Some College no degree

### High School Status *(check one box)*

**High School Diploma** High School Name \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

**GED Certificate** Completion Date \_\_\_\_\_ State \_\_\_\_\_

**Currently Enrolled**  High School Name \_\_\_\_\_ State \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Home Taught \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

**No diploma or GED and under age 18**  **No diploma or GED and over age 18**

## FIRST GENERATION COLLEGE STUDENT

Have either of your parents completed a Bachelor's Degree?  **Yes**  **No**

## LANGUAGE BACKGROUND

What was your first language? \_\_\_\_\_ What is your current primary language? \_\_\_\_\_

## MILITARY

Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces?

If yes, select all that apply:

I am a current member of the US Armed Forces

**Yes**  **No**

I am a dependent of a member of the US Armed Forces

**Yes**  **No**

I am a former member of the US Armed Forces

**Yes**  **No**

## VEHICLE EMISSIONS AGREEMENT

*In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by Arizona Revised Statute 49-542 has passed a vehicle emission test. I also understand that false certification of this affidavit constitutes a class 2 misdemeanor in Arizona.*

*If I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is subjected to removal at my expense.*

**I acknowledge the above statement**  **I do not park on campus**

## RESIDENCY

**Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community College Governing Board.**

Will you reside in Arizona at the time of attendance?  **Yes**  **No** If no, what state? \_\_\_\_\_

What date did your present stay in Arizona begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

In what Arizona county do you reside? \_\_\_\_\_

If Maricopa, what date did you move to this county? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What Arizona county did you reside in prior to moving to Maricopa County? \_\_\_\_\_

Are you seeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)?  **Yes**  **No**

If yes, in which state do you currently reside? \_\_\_\_\_

## EDUCATIONAL PLAN

### Select a primary reason for attending this college:

Current high school student taking courses (dual or concurrent enrollment)

Personal interest

Current university student taking courses to meet university requirements

Take courses for job skills

Earn a degree/certificate for transfer to another college or university

(do not intend to earn a degree/certificate)

Earn a degree/certificate to enter or advance in the job market

Take courses to transfer

(do not intend to earn a degree/certificate)

## ACADEMIC PLAN

### What academic plan do you intend to earn from this college?

**Degree** Name: \_\_\_\_\_ Code: \_\_\_\_\_  **Certificate** Name: \_\_\_\_\_ Code: \_\_\_\_\_

## REQUIREMENTS AND DISCLOSURES

I acknowledge that I have read the Maricopa Tuition and Fees Policy and the Maricopa Refund Policy. I understand that I am responsible for all tuition and fees related to my enrollment in the Maricopa Community Colleges.

If you are a student under the age of 18, additional permission will be required by a parent or guardian to enroll in courses, and accept responsibility for tuition and fees. Prior to enrollment in classes, please contact the Admissions, Records and Registration office at the institution you are interested in attending to provide the necessary consent.

I swear under penalty of perjury that the document(s) I will submit to determine lawful presence in the United States are true and the information I provide on the form is true and complete.

I certify that the answers on this application are true, correct, and complete.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

**ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.**

*For crime statistics reported under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit [www.maricopa.edu/safety](http://www.maricopa.edu/safety). Policies can be found online through [www.maricopa.edu](http://www.maricopa.edu) or you may request a copy from Admissions and Records.*