



Allegany College of Maryland
PATHWAYS FOR SUCCESS
APPLICATION FOR SERVICES

PERSONAL DATA

Name: _____
(Last) (First) (MI) (Maiden Name)

Home Address: _____
(Street) (City) (State) (Zip)

College Address (if different from above):

(Street) (City) (State) (Zip)

Cell number: _____ Home phone (if different than cell) _____

ACM Email Address: _____ ACM Student ID#: _____

Date of Birth: _____ Please Circle: Male/Female Are you Hispanic/Latino? YES ___ NO ___

Race/Ethnicity, Check all that apply: ___ American Indian or Alaskan Native ___ Asian
___ Black or African American ___ White ___ Native Hawaiian or Other Pacific Islander

Have you ever participated in a TRiO program: SSS ___ Upward Bound ___ Talent Search ___ EOC ___
If so, what college or agency sponsored the program? _____

EDUCATIONAL DATA

Are you enrolled at ACM as a full-time student (12 or more credits)? YES ___ NO ___

Is this your first time attending ACM? YES ___ NO ___ If not, what year(s) have you attended? _____

Major/Course of Study: _____ ACM 2 year degree: ___ Certificate Program ___

Are you planning to transfer to a 4-year College/University? ___ If yes, Name of School _____

High school last attended: _____ Year graduated/Last Attended: _____

Final High School GPA: _____ Date G.E.D. Received (if applicable): _____

Former college(s) attended: _____

College Credits Earned: _____ Cumulative GPA: _____ Have you already completed a 2 year degree? _____

Date Received: _____	FOR OFFICE USE ONLY
Date Reviewed: _____	Eligibility: FG ___ LI ___ DD ___ Cum GPA: _____ Placement: ENG ___ READ ___ MATH ___
Invite for Interview: _____	Ineligible at this time: _____ Pending _____ Director signature: _____
Comments: _____	_____
_____	_____



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ELIGIBILITY DATA

TRiO programs are required by Federal law to verify applicants' citizenship; family size; income; first generation status; and documented disability to determine eligibility. We do not use this data for any other purpose other than to determine eligibility for the Pathways for Success Program.

Are you a U.S. Citizen? YES ___ NO ___ If No, are you a permanent resident? ___ Or a legal alien? ___
(Please attach a copy of your residency card)

Did you or your parent (s)/guardian (s) file an income tax return for last year? YES ___ NO ___

What is the total number of people in family household supported by family income (including self): _____

What is the **TAXABLE** (not gross) income amount listed on your or your family's IRS 1040 form:
\$ _____ Taxable income is that amount which is reported on line 10 of the 1040 federal tax form. Dependent students or those claimed on their parents' federal income tax are required to utilize their parents' taxable income even if they have filed as an individual.

Are you or your family aided by (check all that apply): ___ Vocational Rehabilitation ___ Social Security
___ State Welfare Program ___ Food Stamps ___ Other State or Federal Aid _____

Have you applied for financial aid by completing the FAFSA? YES ___ NO ___ Award Amount (if known)? _____

I qualify as a **first generation student**, (you qualify as a first generation student if neither of your parent(s) or guardian(s) have completed a **four year degree**) YES ___ NO ___

I qualify as a student with a **documented disability**. YES ___ NO ___

Documentation of a disability must be on file with the ACM offices of Disability Support Services. Please describe:

*This application is not the application for services through Disability Services. If you are not already registered with that office, and you require their services, please stop by Humanities Room 1 or call 301-784-5234.

Please answer the questions listed below as you answered on the FAFSA, section 2 – Student Dependency Status:

- Were you born before January 1, 1996? yes no
- Are you married? (If you are separated but not divorced, answer “Yes”) yes no
- Are you serving on active duty in the U.S. Armed Forces? yes no
- Are you a veteran of the U.S. Armed Forces? yes no
- Do you now have or will you have children who will receive more than half of their Support from you between July 1 2019 and June 30, 2020? yes no
- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you? yes no
- Since you turned age 13, were both of your parents deceased? yes no
- Since turning 13, were you in foster care? yes no
- Since turning 13, were you a dependent or ward of the court? yes no
- Are you or were you an emancipated minor as determined by a court of law? yes no
- Are you or were you in legal guardianship as determined by a court of law? yes no
- Are you homeless or at risk of being homeless? yes no

➤ If you answered “**Yes**” to any question, you are considered an independent student. If your answer to all questions was “**No**,” you are a dependent student (even if you are over the age of 18).

Which type of student are you?

PLEASE CIRCLE: Independent or Dependent

******I certify that the information which I have provided on this entire application is accurate and complete.**

The information provided is true to the best of my knowledge. I authorize the Pathways For Success office to obtain transcripts, academic, financial aid/income documentation, disability and other information as needed. I understand that the staff will monitor academic progress by obtaining grades and other academic data each semester and through communications with faculty and staff. I also give consent for Pathways For Success staff to share information with faculty, other offices on campus, the United States Department of Education, and other Trio programs. I authorize the Pathways For Success program to contact me.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature (*if applicable) _____ **Date:** _____

******A parent/guardian must sign this form if the student is under the age of 18 and/or circles “dependent” based on the answers listed above.**