



Term: \_\_\_\_\_

U#: \_\_\_\_\_

**SCHENECTADY COLLEGE & CAREER OUTREACH CENTER (SCCOC) ENROLLMENT APPLICATION**  
IN ADDITION TO THE INFORMATION IN THIS FORM, YOU WILL NEED TO PROVIDE PROOF OF RESIDENCY, INCOME, AND EDUCATIONAL BACKGROUND IN ORDER TO RECEIVE SERVICES

Date: \_\_\_\_\_

**IDENTIFICATION & CONTACT INFORMATION**

Full Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Previous Last Name (if applicable): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Legal Sex: ( ) Male ( ) Female ( ) X Pronouns: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

( ) No residential/mailing address Are you a NYS Resident? ( ) Yes ( ) No

Best Phone to Reach You: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive text messages regarding your appointments? ( ) Yes ( ) No

**YOUR GOALS & OTHER HELPFUL INFORMATION**

Who referred you to Schenectady College & Career Outreach Center? \_\_\_\_\_

What is your primary goal in coming to SCCOC? \_\_\_\_\_

Indicate Your Employment Status: ( ) Unemployed ( ) Fulltime ( ) Part-time ( ) Per Diem (as needed) ( ) Self-employed

Do you have a disability that requires services or accommodations? ( ) Yes ( ) No ( ) Unsure

Do you have limited reading ability? ( ) Yes ( ) No

Do you have limited English ability? ( ) Yes ( ) No If yes, primary language: \_\_\_\_\_

Have you or an immediate family member served in the U.S. Military?

( ) Self ( ) Immediate family - parent, spouse, sibling, child, grandparent/child ( ) No

If you have ever been involved in the criminal justice system, please select your status:

( ) No Involvement ( ) Formerly incarcerated

( ) Current Parolee ( ) Current Probationer

Please Note: Justice involvement **does NOT** preclude registration.

Are you legally able to use the computer/internet on your own? ( ) Yes ( ) No

If you're **not** receiving SNAP (Food Stamps), would you like help applying? ( ) Yes ( ) No ( ) Already Receiving SNAP

What is your education background? (Check all that apply and provide corresponding information)

( ) Did not graduate high school	Highest grade completed: _____
( ) High School Equivalency/GED	Date of Completion: _____
( ) High School Diploma	Date of Graduation: _____
( ) Individualized Education Program (IEP) Diploma	Date of Graduation: _____
( ) Some College	# Credits/Terms Completed: _____
( ) College Graduate	Date of Graduation/Type of Degree: _____

**EMERGENCY CONTACT INFORMATION**

If you are **under 18 years** of age, please provide parent or guardian's contact information.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ ( ) Parent/Legal Guardian

**ELIGIBILITY INFORMATION**

Did you receive any of the following services/benefits in the **previous year**? (Check all that apply)

- Alimony                       Safety Net Benefits                       Temporary Assistance for Needy Families
- Child Support                 Disability Benefits                       Childcare from DSS or Family Services
- Medicaid                       Unemployment Benefits                 Cash/rental assistance (Not from DSS)
- SNAP (Food Stamps)         Retirement Benefits                       Supplemental/Social Security Income
- Other Assistance: \_\_\_\_\_                 Veteran’s Benefits (Non-Educational)

Are you **currently** receiving any of the following services?

- Safety Net Benefits         Childcare from DSS or Family Services                 Temporary Assistance for Needy Families

On the chart below, please circle the number of people in your household **and** the number closest to your household’s total annual income for the **previous year**.

<b>Household Size</b> <small>(Include yourself, dependents, partners, family, etc.)</small>	<b>Total Annual Household Income</b>
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266

If your household size and/or total annual income is not listed, please enter that information here:

Household Size: \_\_\_\_\_ Total Annual Income: \_\_\_\_\_

How many household members are dependent on your income (**not** including yourself)? \_\_\_\_\_  No Dependents

Are you dependent on anyone else’s income?  Yes  No

Did you file taxes or were you claimed as a dependent on someone else’s taxes?  Yes  No

If no, do you plan on filing taxes?  Yes  No

Is the **total annual income** for your household in the **current year** expected to be **less than** what it was in the **previous year**?

Yes  No

If yes, what is your **current monthly income** from all earned and unearned sources (i.e. wages, gifts, disability, etc.)?

\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Please note: citizenship status **does NOT** preclude registration.

Are you a U.S. Citizen?  Yes  No

If no, are you a permanent US resident?  Yes  No

If no, what is your nation of primary citizenship? \_\_\_\_\_

Are you Hispanic/Latino?  Yes  No

What is your race? (Choose all that apply)

American Indian /Alaskan Native                 Asian                 Black or African American

Native Hawaiian or other Pacific Islander         White

## General Release Form

**PLEASE NOTE:** If you are under 18 years of age, a parent or legal guardian's signature is required to authorize General Release of Information.

Parent/Legal Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the Schenectady College and Career Outreach Center to use my **photographic image(s) or video graphic image(s)** for news releases and/or feature stories, where it may assist the Center to fulfill its mission and/or aid the Center in promoting its services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I authorize the Schenectady College and Career Outreach Center to use my **name** in the media for news releases and/or feature stories where it may assist the Center to fulfill its mission and/or aid the Center in promoting its services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I respectfully request that **neither my name nor my photograph** be used to assist the Center to fulfill its mission and/or promote its services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I agree to allow SCCOC to share my application with SUNY Schenectady, training programs, other Outreach Centers and Educational Opportunity Centers strictly to facilitate enrollment of my choice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date