Schenectady College & Career Outreach Center (SCCOC)
Enrollment Application

The following information is collected to determine eligibility for SCCOC services and to provide the best support possible. Please let us know if you have any questions!

First Name: _____ **Last Name:** _____ **Middle Initial:** _____

Preferred Name: _____ **Gender:** ☐ Female ☐ Male ☐ X **Pronouns:** _____

Previous Last Name(s) (if any): _____ **Date of Birth:** _____

Street Address/PO Box: _____ **City:** _____

County: _____ **Zip Code:** _____ **State:** _____ ☐ No residential/mailing address

Best Phone to Reach You: _____ **Email:** _____

*Would you like to receive text messages regarding your upcoming appointments? ☐ Yes ☐ No

Preferred Contact Method: ☐ Phone Call ☐ Text ☐ Email

Who referred you to SCCOC? _____

What is your primary goal in coming to SCCOC? _____

Current Employment Status: ☐ Unemployed ☐ Full-time ☐ Part-time ☐ Self-employed ☐ Medically Exempt

The following is collected to provide the best support possible and has no impact on your registration:

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/immediate family served in the U.S. Military? ☐ Self ☐ Spouse ☐ Parent/Legal Guardian ☐ No

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

☐ No Involvement ☐ Currently incarcerated ☐ Formerly incarcerated ☐ Parolee ☐ Probationer

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

If you do not *currently* receive SNAP (Food Stamps), would you like resources to apply? ☐ Yes ☐ No

The following is collected to ensure compliance with civil rights laws and has no impact on your registration:

US Citizenship Status: ☐ U.S. Citizen ☐ Resident ☐ Work/School Visa ☐ Seeking Residence/Asylum

Select all that apply: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other: _____

Provide an emergency contact; *if you are under the age of 18, please provide contact information for a parent/legal guardian:*

Full Name: _____ ☐ Parent/Legal Guardian

Phone Number: _____ ☐ Relationship: _____

STAFF ONLY: Date Received: _____ Term: _____ U#: _____

Combined Household Income (wages, benefits, etc.):_____ ☐ Weekly   ☐ Monthly   ☐ Annually

Please enter family household information. If you are a non-custodial parent, please include your child(ren)'s information even if they don't live with you full-time. **If you don't live with anyone, please check:** ☐ N/A

Name	Age	Relationship to You

SCCOC Services & Other Helpful Steps

Computer Room

SCCOC's computer room is open Monday to Friday, 8:30 AM – 4:00 PM unless otherwise posted. When using the computer room, please remember:

- SCCOC's computer room equipment is solely for educational or employment-related purposes
- Respect other's need to focus and maintain a quiet environment (SCCOC has headphones available to borrow)
- Refrain from eating or drinking
- **Protect your privacy;** do not save passwords or store personal documents on these computers

Please show that you've read and agree to the Computer Room rules by initialing here: _____

Information Release

SCCOC Staff **will not** share your application or personal information without your permission. Signing this release now may save time later, but it **is not** required.

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: _____

Success Stories

Schenectady College & Career Outreach Center shares **participant success stories** to:

1. Highlight the services we provide, and
2. Give encouragement to current and future participants

Success Stories are displayed in locations including: SCCOC office and social media accounts; news releases and/or feature stories promoting the Center and its services. Signing this release for Success Stories **is not** required.

I authorize the Schenectady College and Career Outreach Center to use (check all that apply):

___My name

___My photographic/video graphic image(s)

for news releases and/or feature stories where it many assist the Center to fulfill its mission and/or aid the Center in promoting its services.

Signature: _____   Date: _____

Schenectady College & Career Outreach Center (SCCOC)
Enrollment Application Eligibility Checklist

Documentation is needed to complete your SCCOC application. Please answer the following questions and see the reverse for examples of accepted documents. **If you have any questions, let us know—we're here to help!**

1. New York State Residency

Are you a NYS Resident? ☐ Yes   ☐ No

☐ I need support obtaining proof of NYS residency.

☐ NYS Residency Proof Submitted (date): _____ Staff Initials: _____

2. Educational Background

Select the highest level of high school that you completed:

☐ 5th Grade or below   ☐ 6th - 8th Grade   ☐ 9th - 12th Grade

☐ High School Diploma   ☐ High School Equivalency ☐ Foreign High School Diploma

Select the highest level of college that you completed:

☐ 0 - 2 Semesters of College   ☐ 2 or more Semesters of College ☐ Associate's Degree   ☐ Bachelor's Degree
☐ Graduate Degree

Last enrolled in college/graduation (year): _____ **Area of Study:** _____

☐ I need support obtaining proof of my educational background.

☐ Educational Background Proof Submitted (date): _____ Staff Initials: _____

3. Income

Income Taxes:

☐ I filed income taxes/was claimed as a dependent last year.
☐ I did not file taxes/was not claimed as a dependent last year.

Please indicate if you receive any of the following assistance:

☐ Safety Net Benefits   ☐ Temporary Assistance for Needy Families   ☐ Childcare from DSS/Family Services
☐ SSI ☐ Disability Benefits ☐ HEAP ☐ SNAP (Food Stamps) ☐ Medicaid ☐ Non-DSS Assistance

☐ UIB ☐ Retirement ☐ Child Support ☐ Alimony ☐ VA Benefits ☐ Other Assistance: _____

☐ I need support obtaining proof of income.
☐ Proof of Income Submitted (date): _____ Staff Initials: _____

By signing below, I am swearing that statements provided in this application are true to the best of my knowledge. **I understand** that I need to provide proof of the above to Schenectady College & Career Outreach Center as I am able. I also understand that assistance is available if I need help obtaining any of these documents.

Print Name: _____ Date: _____

Signature: _____

Accepted Documents

Please be sure that *all* documents submitted are:
- Dated within the past year **or** show valid issued and expiration dates.
- Clearly show your name and relevant details, like award amount, eligibility, or address.

Bring what you have—we can review documents with you and answer any questions.

1. New York State Residency
Only one document is needed to prove NYS residency, such as:
- **Valid NYS ID** – Unexpired Driver's, Non-Driver's, Learner's Permit, or other State ID with a photograph
- **Rental or Lease Agreement** – For your residence or vehicle
- **Registration** – For your vehicle or voting
- **Community Statement on Letterhead** – From a church, residential program, or other local agency; must include contact information of the person writing the statement
- **Local or NYS Agency Documentation –** Paperwork, postmarked mail, or eligibility status letters from community or government agencies (school districts, non-profit organizations, social services, income tax forms, etc.)

2. Educational Background
Documentation is needed to prove your educational background for:
1. *Completed* High School or High School Equivalency Programs
2. *Any earned* college credits or degrees
   Accepted forms of documentation for educational experience include:
   - Diplomas
   - Unofficial **OR** official transcripts
   - Statement on letterhead from school administration

3. Income
Documentation is needed for *all* forms of earned and unearned income (i.e. wages, benefits, etc.).
Accepted forms of documentation of income and benefits include:
- A benefits award letter, notice of eligibility, or recent benefits statement
- A screenshot or printout from your online benefits portal
- A court order or caseworker-issued verification letter
- Signed tax forms filed with the IRS for the previous year
  - If you did not file taxes *and* you were not claimed as a dependent, please complete Form 4506-T *(See SCCOC staff for assistance)*