



SCHENECTADY COLLEGE & CAREER OUTREACH CENTER (SCCOC) APPLICATION FOR ADMISSION

IN ADDITION TO THE INFORMATION IN THIS FORM, YOU WILL NEED TO PROVIDE PROOF OF RESIDENCY, EDUCATIONAL BACKGROUND, AND INCOME IN ORDER TO RECEIVE SERVICES

IDENTIFICATION INFORMATION

Date: _____ SSN: _____ DOB: _____

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.) (Previous Last Name)

Mailing Address: _____
(Street, Apt # / PO Box) (City) (State) (Zip) (Country)

Alternate (Permanent) Address: _____
(Street, Apt # / PO Box) (City) (State) (Zip) (Country)

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

PARENT / GUARDIAN INFORMATION

If you are under 21 years of age and do not reside with a parent or legal guardian, please provide the following information for a parent or legal guardian.

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.)

Mailing Address: _____
(Street, Apt # / PO Box) (City) (State) (Zip) (Country)

Home Phone: (_____) _____ Cell Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

Please provide contact information for an emergency contact.

Name: _____
(Last) (First) (Middle) (Suffix e.g. Jr., Sr.)

Phone: (_____) _____ Relationship: _____

BIOGRAPHIC INFORMATION

Gender: () Male () Female Marital Status: () Unmarried () Married

Are you a New York State resident? () Yes () No

If yes, but for less than one year, how many months? _____

Are you a U.S. Citizen? () Yes () No

If no, are you a Permanent Resident? () Yes () No (Please provide Alien Registration Number)

Have you served in the U.S. Military? () Yes () No

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

EDUCATION BACKGROUND

High School Attended: _____

City: _____ State: _____

Did you graduate? () Yes () No Highest grade completed: _____

Did you earn your High School Equivalency? () Yes () No

Date of Graduation/Completion: _____

College Attended: _____

City: _____ State: _____

Did you graduate? () Yes () No Number of Credits Earned: _____

Have you previously been enrolled in EOP, HEOP, SEEK or College Discovery? () Yes () No

Do you have limited English proficiency? () Yes () No

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

EMPLOYMENT / INCOME INFORMATION

Are you currently employed? () Yes () No If yes, () Full Time () Part Time

What is your approximate annual household income? _____

Are you a Single Head of Household? () Yes () No

How many people reside in your household? _____

SUPPLEMENTAL APPLICATION

Who referred you to the Schenectady College and Career Outreach Center? _____

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

What is your primary goal in coming to the SCCOC? (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Earn a college degree | <input type="checkbox"/> Earn High School Equivalency (TASC) |
| <input type="checkbox"/> Job Search / Job Seeking Skills | <input type="checkbox"/> Vocational Skills |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Improve Math Skills |
| <input type="checkbox"/> Cover Letter Preparation | <input type="checkbox"/> Improve Life Skills |
| <input type="checkbox"/> Resume Preparation | <input type="checkbox"/> Improve Math Literacy |
| <input type="checkbox"/> Other: _____ | |

How many dependents do you have? _____

Do you have a criminal background? () Yes () No

Are you receiving any of the following services? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> SNAP (Food Stamps) | <input type="checkbox"/> Safety Net |
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Other Public Assistance: _____ |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Public Housing |

Are you a Section 8 resident? () Yes () No

Are you a Schenectady Municipal Housing resident? () Yes () No

Are you classified as:

- Single Head of Household Dislocated Worker Displaced Homemaker

DO NOT WRITE BELOW THIS LINE (STAFF USE ONLY)

Residency Documentation: _____

Education Documentation: _____

Income Documentation: _____

Student Banner ID #: _____

Online Skills Connect ID: _____ Password: _____

Staff Initials: _____

General Release Form

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