

Application  
Received by: \_\_\_\_\_

Grossmont College  
**New Horizon Program**  
APPLICATION

MIS  
STAFF  
INITIAL \_\_\_\_\_

8800 Grossmont College Drive  
El Cajon, CA 92020

Phone: (619) 644-7552  
Fax: (619) 644-7908

**GENERAL INFORMATION**

Today's Date: \_\_\_\_\_

Student ID number: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First MI

E-mail: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MALE  FEMALE

What is your native language? \_\_\_\_\_

Other languages spoken? \_\_\_\_\_

**NEW HORIZON ELIGIBILITY**

- I am a single, pregnant woman.
- I am a single parent with over 50% custody of a minor child.
- I am a displaced homemaker:
  - o I have not worked in the labor force in the last 3 years, but have worked in the home providing unpaid service to family members (e.g. homemaker, caretaker for family member), **or**
  - o I have been dependent on income from a family member or public assistance, but am no longer receiving that assistance, **or**
  - o I am unemployed or underemployed and am experiencing difficulty in obtaining/upgrading employment.
- I am *permanently* disabled (receiving SSI or SSDI).
- I am an English as a Second Language (ESL) learner.

**EDUCATIONAL INFORMATION**

Please circle your educational goal(s):    Certificate    Associate Degree    University Transfer

Major: \_\_\_\_\_

- I am or plan to be a full-time student.
- I plan to take ESL classes.
- I need to improve/update my computer skills.
- I completed the Math and English placement tests.
- I graduated from a U.S. high school.
- I completed high school in another country. How many years?     3 years     4 years
- I earned a GED or High School Proficiency Certificate in the United States.
- I did not graduate from high school or earn an equivalency. Highest level completed: \_\_\_\_\_
- I have attended other U.S. colleges or universities\*: \_\_\_\_\_
- My overall grade point average is 2.0 or above. Total # of units completed: \_\_\_\_\_
- I have Advanced Placement (AP) scores\*.

**\*AP scores and transcripts from other colleges and universities must be sent to the Grossmont College Admissions and Records Office.**

Please complete the back side of this application. 

---

---

**NATIONAL ORIGIN** (This information helps us identify & advocate for the diversity needs of our students.)

---

- |   |  |
|---|--|
| <input type="checkbox"/> African: _____                         | <input type="checkbox"/> European American/White |
| <input type="checkbox"/> African American                       | <input type="checkbox"/> Latino/Hispanic: _____  |
| <input type="checkbox"/> American Indian/Native American: _____ | <input type="checkbox"/> Middle Eastern: _____   |
| <input type="checkbox"/> Asian/Pacific Islander: _____          | <input type="checkbox"/> Other: _____            |

---

---

**FAMILY INFORMATION: Total number of individuals in your household?**

---

I am currently:  Single (never married)     Married     Separated     Divorced     Widowed

Name of Children		Gender	Date of Birth	Age	Disability?
First	Last				
1. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
6. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
7. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
8. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>

---

---

**FINANCIAL INFORMATION** (Please check all that apply to you.)

---

- I applied for the Board of Governors Waiver (BOGW).
- I completed the Free Application for Federal Student Aid (FAFSA).
- I was laid off from full-time employment within the last 24 months.
- I was divorced or separated within the last 24 months.

**What was your total income in the previous year?**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$7,500 or less     | <input type="checkbox"/> \$16,001 - \$17,000 | <input type="checkbox"/> \$19,001 - \$20,000 | <input type="checkbox"/> \$22,001 - \$23,000 |
| <input type="checkbox"/> \$7,501 - \$15,000  | <input type="checkbox"/> \$17,001 - \$18,000 | <input type="checkbox"/> \$20,001 - \$21,000 | <input type="checkbox"/> over \$23,000       |
| <input type="checkbox"/> \$15,001 - \$16,000 | <input type="checkbox"/> \$18,001 - \$19,000 | <input type="checkbox"/> \$21,001 - \$22,000 |  |

---

---

**HELP US IDENTIFY OTHER STUDENT SERVICES YOU MAY NEED. Check all that apply to you.**

---

- I was in Foster Care for one day or more on or after my 13<sup>th</sup> birthday.
- I would like to learn more about the Child Development Center on campus.
- I am an EOPS/CARE student (or applied to those programs).
- I am a PUENTE or UMOJA student (or applied to those programs).
- I am an ARC (formerly known as DSPS) student.
- I have been diagnosed with a learning disability.
- I think I may have a learning disability and would like to get assessed.
- I am dealing with a serious medical or mental health condition.
- I want to learn more about the free tutoring on campus.
- I am a veteran of, or a reservist for, the U.S. Armed Forces.
- Other: is there anything else you would like us to know about you? \_\_\_\_\_

---

---

I understand that the information I have provided will be used to determine my eligibility for the Grossmont College New Horizon program, and I certify under penalty of perjury that this information is true, complete, and accurate to the best of my knowledge. I also understand that this information will not be shared with other programs on the Grossmont College Campus.

---

---

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

Date \_\_\_\_\_