

**SRDOC SRHE RIO**  
**NEW STUDENT INFORMATION**

SCOTTSDALE COMMUNITY COLLEGE     RIO SALADO COMMUNITY COLLEGE

**NEW STUDENT**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SRDOC # \_\_\_\_\_ TRIBAL AFFILIATION: \_\_\_\_\_

TRIBAL ID# \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HIGH SCHOOL  GED  (CHECK ONE) LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

**COLLEGE HISTORY**

HAVE YOU PARTICIPATED IN SRPMIC HIGHER EDUCATION PROGRAM? YES  NO  (CHECK ONE)

IF YES, WHAT COLLEGE/VOCATIONAL INSTITUTION? \_\_\_\_\_

YEAR ATTENDED? \_\_\_\_\_ DO YOU OWE SRHE FUNDS? YES  NO  (CHECK ONE)

RIO CERTIFICATE PROGRAM: \_\_\_\_\_

**STUDENT COURT/SENTENCE INFORMATION**

PERSON OF CONTACT: \_\_\_\_\_ PH#: \_\_\_\_\_

RELEASE DATE: \_\_\_\_\_

WILL YOU SERVE 6 MONTHS OR MORE? YES  NO  (CHECK ONE)

UPCOMING COURT DATE: \_\_\_\_\_

**OFFICE ONLY (HIGHER EDUCATION)**

ACCEPTED

TRIBAL ID:

SOCIAL SECURITY CARD:

DENIED

YES     NO

YES     NO

NOTES:

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ADVISOR SIGNATURE \_\_\_\_\_



www.saltriverschools.org

**College / University Application Deadline Dates:**  
 Fall Semester : June 30    Spring Semester : November 30    Summer: April 30

**Vocational School Application Deadline Dates:**  
 January 31    April 30    July 31    October 31

A completed application package will consist of the following:

	Date Submitted	Staff Initials
Higher Education Scholarship Application (complete/signed)		
Copy of applicant's Social Security Card		
Copy of the applicant's SRP-MIC Tribal Identification Card		
Copy of High school diploma or G.E.D. transcript/diploma		
Official transcript (s) from last semester attended and any other school (s) previously attended (official sealed envelope)		
Itemized tuition invoice from school/college /university applicant will be attending		
Class schedule from the school/college/university applicant will be attending		
Academic Plan of study (i.e. major map, etc.) from the school/college/university applicant will be attending		
List of required books and supplies, including prices (due by first week of class)		

\*\*ONLY Arizona State University, Northern Arizona University, the University of Arizona's or MCCC'D's standard, Arizona resident tuition rates are covered at 100%.

\_\_\_\_\_  
 STUDENT signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Program Advisor signature

\_\_\_\_\_  
 Date



# Higher Education Scholarship Application

www.saltriverschools.org

Phone: (480) 362-2547 | Fax: (480) 362-2595

Physical address : 4836 N. Center St. Scottsdale, AZ 85256

Mailing Address : 10,005 E. Osborn Rd. Scottsdale, AZ 85256

PLEASE BE SURE TO ANSWER ALL QUESTIONS ON THE APPLICATION COMPLETELY AND ATTACH ANY DOCUMENTS TO THIS APPLICATION. PLEASE MARK "N/A" IN EACH SECTION IF IT DOES NOT APPLY TO YOU. IF YOU DO NOT ANSWER ALL QUESTIONS, YOUR APPLICATION FORM WILL BE INCOMPLETE AND CANNOT BE REVIEWED. YOUR ARE REQUIRED TO SUMIT YOUR APPLICATION AND REQUIRED DOCUMENTS BY THE DEADLINE DATE. PLEASE COMPLETE APPLICATION IN BLACK/BLUE INK.

## College / University Application Deadlines:

Fall Semester: **June30**

Spring Semester: **November 30**

Summer Semester: **April 30**

## Vocational School Application Deadlines:

**July 31**

**October 31**

**January 31**

**April 30**

Applying for: (check all that applies)      Tuition\_\_\_\_\_      Books\_\_\_\_\_      Credit Hour\_\_\_\_\_

Please check one:      \_\_\_\_\_ **New Applicant**  
                                  \_\_\_\_\_ **Applied Before (Never received SRP-MIC Educational Funding before)**  
                                  \_\_\_\_\_ **Continuing Student (Currently in program, currently receiving scholarship funding)**  
                                  \_\_\_\_\_ **Returning Student (Reapplying to program, previously received scholarship funding)**

## PERSONAL INFORMATION

First Name:	M.INITIAL:	LAST NAME:
ADDRESS:		
CITY:	STATE, ZIP :	DOB:
HOME PHONE :	CELL PHONE:	
EMAIL:	TRIBAL ENROLLEMENT NUMBER:	
SOCIAL SECURITY:	GENDER: FEMALE _____ MALE _____	

## SCHOOL INFORMATION

ACADEMIC: FALL ____ WINTER ____ SPRING ____ SUMMER ____	VOCATIONAL: JANUARY ____ APRIL ____ JULY ____ OCTOBER ____
NAME OF SCHOOL:	PART TIME _____ FULL TIME _____
EXPECTED STATE DATE:	EXPECTED END DATE:
MAJOR :	DEGREE SOUGHT:

## EDUCATION HISTORY

HIGH SCHOOL NAME:	DATE OF GRADUATION :
IF YOU DID NOT COMPLETE HIGH SCHOOL, BUT RECEIVED A GED DIPLOMA, ENTER THE DATE :	

## EDUCATION HISTORY cont.

LIST ALL POST SECONDARY SCHOOLS (COLLEGE, UNIVERSITY, OR VOCATIONAL SCHOOL) YOU HAVE ATTENDED BELOW

NAME OF SCHOOL :

DEGREE COMPLETED? YES: \_\_\_\_ NO: \_\_\_\_

TERM/YEAR ATTENDED:

HAVE YOU RECEIVED A SRPMIC EDUCATIONAL ASSISTANCE BEFORE:? YES \_\_\_\_ NO \_\_\_\_

IF YES, PLEASE LIST MOST RECENT ACADEMIC TERM AND YEAR : (EXAMPLE : SPRING 2017)

TERM:

YEAR:

## INFORMATION RELEASE TO THE SALT RIVER TRIBAL NEWSPAPER / NEWSLETTER

I CONSENT TO HAVE MY NAME OR MY CHILD'S NAME PLACED IN THE SALT RIVER TRIBAL NEW PAPER / NEWS LETTER FOR ANY EDUCATION

ACCOMPLISHMENTS ACHIEVED (PLEASE CHECK) YES \_\_\_\_ NO \_\_\_\_

X \_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
PARENT / LEGAL GUARDIAN'S SIGNATURE (IF UNDER 18 YRS OF AGE)

\_\_\_\_\_  
DATE

## STUDENT CONTRACT (READ CAREFULLY BEFORE SIGNING)

This contract is made and entered into for the \_\_\_\_\_ academic school year. This is a legally binding agreement that stipulates the obligations of the applicant. The applicant, and /or parent or legal guardian must sign this agreement, if applicant is under 18 years of age, before any amount of SRPMIC financial assistance can be granted.

ALL APPLICANTS MUST

PLEASE INITIAL EACH ITEM:

- \_\_\_\_ 1. Be an enrolled member of the Salt River Pima-Maricopa Indian Community and provide an SRPMIC Identification card
- \_\_\_\_ 2. Complete and submit a Salt River Higher Education Program application each academic year, and summer term for  
Which the educational financial assistance is being requested. All information shall be true and complete to best of your knowledge; **knowingly produced false statement(s) or omissions of relevant information will be a cause for immediate denial of SRPMIC financial assistance.**
- \_\_\_\_ 3. or submit proof of high school diploma, GED, or diploma for graduation with an associate degree or higher (or proof of Associate, bachelor, professional degree (i.e. Master's, Juris Doctorate degree need not show proof)
- \_\_\_\_ 4. All student applying for Scholarship funding are now required to complete the Free Application for Federal Student Aid (FAFSA) at <https://fafsa.ed.gov/> & submit their Student Aid Report (SAR) to the Salt River Higher Education office.
- \_\_\_\_ 5. If applicable submit official transcripts from all accredited colleges, universities or vocational schools previously Attended and
- \_\_\_\_ 6. Submit all required document (s) required to complete the application process. See application checklist
- \_\_\_\_ 7. Have a responsibility to be familiar with their obligations and the requirements of the SRPMIC-Higher Education Program, as outlined in Article 11. Higher Education Policy.
- \_\_\_\_ 8. Who are either full-time or part-time undergraduate college or vocational students must maintain a cumulative GPA Of 2.0 to remain eligible for SRPMIC educational financial assistance; or show successful progress where grades are not applicable.
- \_\_\_\_ 9. Who are graduate students shall maintain a cumulative G.P.A. of 3.0
- \_\_\_\_ 10. Who withdraws / drops from any class (es) will find their future educational assistance reduced according to the Procedures and calculations outlined in Article 11. Higher Education Policy.

- \_\_\_ 11. who are not maintaining the minimum academic requirements shall be placed on probation for one semester or term, The student will have the opportunity to bring his / her academic standing up to the minimum standards of 2.0 G.P.A. according to the specific Higher Education program, he/she was awarded. If the student does not meet the minimum academic standards during the probationary period, then he/she will be placed on provisional suspension or suspension.
- \_\_\_ 12. Are to immediately report, in writing, withdrawal from the school or college they are attending or any changes in Their major field of student that will cause a delay in the completion date. In addition, changes in personal situations such as any name changes must also be immediately reported in writing to the Higher Education program staff. Purposefully withholding any if this information is grounds for automatic suspension form the program and/or repayment of the educational assistance for that term;
- \_\_\_ 13. Must immediately submit a letter and supporting documents to the Higher Education Program staff if they find Themselves in adverse circumstances beyond their control that is causing them to fall below the required, minimum scholarship program standards;
- \_\_\_ 14. All academic and vocational student have the responsibility to submit an official transcript and an updated academic Plan of study by the end of each completed term on their behalf to the Higher Education Program office; (class schedule)
- \_\_\_ 15. Must attend the institution as stated in the application and award letter. There will be no transfer of SRPMIC Higher Education Program funds to another institution within the same academic term;
- \_\_\_ 16. Must know that any funds remaining undistributed from the SRPMIC Higher Education Program award will remain the Property of the program;
- \_\_\_ 17. Are responsible for Federal income tax liability for their educational assistance award;
- \_\_\_ 18. Will utilize community gaming per capita payments as a source of repayment if the student is not able or not willing to Repay any scholarship fund owed as outlined in the Salt River Higher Education Program Policy.
- \_\_\_ 19. Understand that it is my responsibility to submit all required documents by the stated deadline, in order to receive the Credit hour payment.
- \_\_\_ 20. Understand that if I attend most AZ academic institutions, the credit hour payments will be distributed in two Disbursements during the semester for which I am enrolled and on the following dated only (unless the date falls on a weekend, in which the payment will be available the next business day) **January 30th (Fall/Spring), June 30th (Spring/ Summer), August 30th (Summer/Fall)**
- \_\_\_ 21. Understand that an application is not considered complete unless all required materials in addition to the application Have been submitted by the deadline.
- \_\_\_ 22. Understand that I am required to disclose any tuition funding received in addition to what is provided by SRPMIC Higher Education Program.

I have read the above requirements and understand my obligations to the Salt River Pima Maricopa Indian Community Higher Education Program. I hereby certify that the information I have given is true and complete to the best of my knowledge. Any deliberate submission of false information or omission of relevant information will be grounds for immediate suspension form the Higher Education Program for a period of two (2) years. I will be obligated to reimburse to the SRPMIC Higher Education Program any monies that I received by submitting a false application. I understand that in the event I believe that Higher Education Program office has not followed policy or has been unfair to me in the administration of the Higher Education Program, I may submit a letter to the SRPMIC Superintendent/ Director to appeal the decision of the Higher Education Program Office within 10 days after I have been notified, in writing, of the decision according to Article 11 Higher Education Policy. I also acknowledge that I understand that a copy of Article 11 Higher Education Policy is available online via the following link **www.srpmic-ed.org**. I understand I am responsible for reading its contents and adhering to the scholarship Program’s policy.

X \_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
PARENT/ LEGAL GUARDIAN’S SIGNATURE  
(IF UNDER 18 YRS OF AGE)

\_\_\_\_\_  
DATE



**ACKNOWLEDGEMENT OF RECEIPT OF SALT RIVER HIGHER EDUCATION PROGRAM POLICY & PROCEDURE MANUAL**

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

I, \_\_\_\_\_ understand that a copy of SRP-MIC Education Division Policy & Procedure Manual (updated June 2014) is available online via the following link: <http://www.srpmic-ed.org> (Departments → Higher Education → Overview & Forms → Policy). I understand I am responsible for reading its content and adhering to the scholarship program's policy & procedures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF SRPMIC HIGHER EDUCATION PROGRAM HANDBOOK AND AUTHORIZATION FOR DEDUCTION FROM PER CAPITA DISTRIBUTION**

By signing below, I hereby agree that I have access to and will read Article 11-Higher Education. Furthermore, I hereby understand that failure to comply with the Salt River Education Program policies and operational procedures outlined in Article 11-Higher Education and pertaining to, but not limited to, early termination of school enrollment either by failing to enroll withdrawal from enrollment or expulsion shall result in a determination that I must repay the funds awarded to me by the SRP-MIC Higher Education Program.

By Signing this agreement, I hereby acknowledge and agree that any reimbursement of funds I owe to the Salt River Higher Education Program must be promptly paid in full or action under Article 11-Higher Education will be taken to withhold up to one-half of each of my quarterly gaming per capita payments until the Salt River Higher Education program is repaid in full.

I hereby understand that under Article 11-Higher Education, Section IV. Appeals Process, I have a right to appeal where I believe that this Policy has not been followed in its applicability to me.

I hereby irrevocably assign my gaming per capita payment, as provided for in Article 11-Higher Education, to the Salt River Education Program for any reimbursement of funds that I cannot or will not be able to promptly pay.

Signature: \_\_\_\_\_

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

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



**RELEASE OF CONFIDENTIAL PERSONAL INFORMATION AUTHORIZATION**

I \_\_\_\_\_ authorize \_\_\_\_\_ to contact  
Student's Name (print clearly) Name of the Person to be authorized

the National Student Clearing House regarding my previous, current, or future enrollment and/or attendance at any College or University or other relevant education program I have attended. I understand that any information released by The Salt River Higher Education Program will include the following:

- Personal information including: address, telephone number, email address, and date of birth
- Social Security number
- Any other information in the possession of the Salt River Higher Education Program and associated with my participation in the student financial assistance program.

I hereby authorize the release of information to the Salt River Higher Education Program in any form requested by the organization; this includes verbal (in person and/or by phone), written, or in electronic form. I understand that this authorization **will remain in effect** until I formally revoke said authorization in writing.

I am aware that if in the future should I choose to revoke this authorization, except to the extent that action has been taken, I must do so in writing and send the written signed and dated document to:

**Rebeca Ronstadt-Contreras**  
*Higher Education Administrator*  
Salt River Higher Education Program  
10,005 E. Osborn Rd.  
Scottsdale, AZ 85256

Student's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_  
*(Only required, if the student is under the age of 18)*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(Only required, if the student is under the age of 18)*



SRPMIC-Higher Education Program Participants:

Students are now required to disclose any tuition funding received in addition to what is provided by the Higher Education program. This includes but is not limited to grants, scholarships, tuition reimbursement or other monies that are applied toward the SRP-MIC Higher Education program participant’s tuition. By signing below you are agreeing to disclose any grants, scholarships, loans or tuition reimbursements received for the \_\_\_\_\_ academic year.

I, \_\_\_\_\_ understand that I am required to disclose additional grants, scholarships or tuition reimbursements for which I may apply outside of what is provided by the SRPMIC-Higher Education department or my advisor. I attest that I will remain in compliance with this policy to the best of my ability in accordance with Article 11, Section III (L), it is the policy of the Higher Education department, “To establish that any deliberate submission of false documentation or intentional omission of relevant information will be grounds for immediate suspension from the Program for a period of two (2) years.”

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

College/University: \_\_\_\_\_

A. By signing below, I hereby grant permission for the release of confidential information to the SRP-MIC Higher Education Department and its affiliates. I also understand that this release is only valid for the duration of my enrollment, following the date signed.

- Grades
- Transcripts
- Mid-Term/Progress Report
- Financial Need Analysis Itemization
- Room and Board
- Attendance
- Advising

B. Upon their request, please release the following confidential information to the SRP-MIC Higher Education Department and its affiliates.

- Grades
- Transcripts
- Mid-Term/Progress Report
- Financial Need Analysis Itemization
- Room and Board
- Attendance
- Advising
- Written (reports/emails/fax)

C. I understand that the following information may be requested and therefore provided to the SRP-MIC Higher Education Department, its Scholarship and Financial Aid Office, and its affiliates.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







# Student Information Release Authorization

CGCC  EMCC  GCC  GWCC  MCC  PCC  PVCC  RSC  SCC  SMCC

This form is required for each college institution you attend.

In compliance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)* a college/university is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work – study, or loan amounts), and other student record information. This restriction applies, but is not limited to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the college/university permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The college/university does not automatically send information to a third party.

**NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student records. Your authorization to release information **expires after 1 year from date of submission**; however, you may revoke your authorization at any time by sending a written request.

**I, the student, acknowledge the information listed above and agree to the terms of the Student Information Release Authorization.**

STUDENT SIGNATURE IS REQUIRED

\_\_\_\_\_  
(Signature of Student - REQUIRED)

\_\_\_\_\_  
DATE

## STUDENT INFORMATION

Name: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Security Question

The person named below will be required to authenticate his/her identity by providing at least one personal security question answer. *You, the student, should choose at least one personal security question and provide it to your third party contact.*

Elementary School: \_\_\_\_\_

First Automobile: \_\_\_\_\_

Mother's Maiden name: \_\_\_\_\_

## Program Check Sheets

**Associate in Arts Requirements (AA)**

Degree Completion Check Sheet: Total Credits 60-64 Overall GPA 2.00

<b>Student Information</b>			
Student Name: _____	Student ID: _____		
<b>General Studies Requirements</b>			
<b>First Year Composition (FYC)</b>			
ENG101 * Placement test or course prerequisite	3		
ENG102 * Placement test or course prerequisite	3		
<b>Mathematics (MA/CS)</b>			
MAT142* or higher	3		
PSY230	3		
<b>Literacy and Critical Inquiry (L)</b>			
GBS 233 or CRE101 **	3		
<b>Humanities and Fine Arts (HU) Choose Two</b>			
ENH 251, or ENH291 or PHI101 or REL100 or REL101	6		
<b>Natural Sciences (SG &amp; SQ)</b>			
AGS 164 and GPH111	8		
<b>Social and Behavioral Sciences (SB) Choose Two</b>			
ASB102 or COM110 or COM263 or ECN211 or ECN212 or GCU121 or HES100 or POS110 or PSY101 or PSY240 or PSY260 or PSY266 or SOC101 or SOC212	6		
<b>Total</b>	<b>35</b>		
<b>Awareness Area</b>	<b>May be shared with General Studies requirements</b>	<b>Credits</b>	<b>Grade/Semester Completed</b>
<b>Cultural Diversity (C)</b>			
COM263 or SOC212 <i>*bold apply to both awareness and general studies</i>		0-3	
<b>Global Awareness (G) or Historical Awareness (H)</b>			
ABS102 or COM263 or ENH251 or ENH291 or GCU121 or REL100		0-3	
<b>Oral Communication</b>			
COM110 <i>*bold apply to both awareness and general studies</i>		0-3	
<b>Critical Reading (L)</b>			
CRE101* or equivalent as indicated by assessment		0-3	
<b>Total</b>		<b>0-12</b>	
<b>General Electives</b> Complete a minimum of 17 to 24 credits (approximately 8 3-credit classes) examples listed below:			
<b>CCL Quality Customer Service:</b> COM110 & GBS175 & TQM101 & GBS233 & TQM230 & COM263 OR SOC212 (17 credits/7 classes) <i>*COM110, COM263, and SOC212 apply to certificate but won't apply towards electives.</i>			
<b>CCL Small Business Start Up:</b> MGT253 & MKT271 & SBS213 & SBS214 & SBS220 & SBS230 (12 credits/6 classes)			
<b>CCL I Addiction and Substance Use Disorder:</b> ASD100 & ASD102 & ASD110 & ASD120 & ASD145 & ASD150 & ASD161 & ASD165 & BHS205. <b>CCL II:</b> ASD220 & ASD226 & ASD236 & ASD245 & ASD250 & ASD275 & PSY2XX or SOC2XX or ASD285XX (21 credits/7 classes)			
WFR110, WFR112, WFR114, WFR116, WFR118, WFR120 (13 credits/6 classes)			

\*\* May be used as a general education course and critical reading requirement

Please note, other courses may apply, please work with the Incarcerated Re-Entry Distance Learning Academic Advisor if you have credits to transfer.



## Incarcerated Re-Entry

### Continuation of Courses and Book Return Form

#### **This Form must be completed to continue with another class.**

Your required textbook is provided for your success as a student. Textbooks are **loaned\*** to you and you are expected to return every book loaned to you in the same condition you received them so a future student will have access to education. **Do not mark, initial, tear out pages, highlight or damage the book/s (including journals and lab manuals) in any way.**

If you are unable to complete your class, you are expected to promptly return the book/s (including journals and lab manuals) to the Incarcerated Re-Entry Office. You will need to follow procedures in place with the Property Officer on your unit to have your book/s removed from your property list. If you fail to return the book/s loaned to you, you will not be eligible for future scholarship.

**\*If you are a self-pay student who purchased your book, do NOT return the book but please return this form to enroll in your next class in sequence.**

Name: \_\_\_\_\_ SID# \_\_\_\_\_ ADC/DOC# \_\_\_\_\_

Course (for example ENG101)	Name of book (for example Four in One)	Book Number (located on inside cover of book)

My textbook has been returned to the IRE Program and now I am ready to continue with another class. Please consider me for the next class in sequence for certificate listed below:

- Addictions and Substance Use Disorder Level I (21 credits)
- Addictions and Substance Use Disorder Level II (18 credits)
- Quality Customer Service (20 credits)
- Small Business Start-Up (12 credits)
- Workforce Development and Community Re-Entry (13 credits)

**I understand that I will not need to re-apply for an IRE-Scholarship** and I may be placed in any class leading to completion of existing certificate. *Class selection is based on previous course work, availability of funds, and the number of students in a course, and textbook availability.*

**I am willing and able to take more than one class at a time (circle one):**      **Yes**                      **No**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name and Number or Email for Self-Pay: \_\_\_\_\_

Approval of CEPM/CEPS/Education Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Incarcerated Re-Entry  
Rio Salado College  
2323 W 14<sup>th</sup> Street  
Tempe, AZ 85281  
480-517-8345

Email: [Incarcerated.Reentr@riosalado.edu](mailto:Incarcerated.Reentr@riosalado.edu)

Updated: 12/14/2016

# Course Continuation Form

Facility/Unit/House/Bed: \_\_\_\_\_

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

Name: \_\_\_\_\_ SID# \_\_\_\_\_ ADC/DOC# \_\_\_\_\_

I am ready to continue with another class next in to complete certificate or degree:

- Addictions and Substance Use Disorder Level I (9 classes) II (7 classes)
- Arizona General Education Curriculum (AGEC) (11 -16 classes)
- Quality Customer Service (6-8 classes)
- Small Business Start-Up (6 classes)
- Workforce Development and Community Re-Entry (6 classes)
- Sustainable Foods (4 classes)
- Associate Degree (25 classes) Select this option if student has completed a certificate and/or has 13 to 29 college credits

**I am willing and able to take more than one class at a time (circle one): Yes No How many? \_\_\_\_\_**

*Students who do not mark yes will be ineligible for scholarship.*

Self-pay is encouraged and can be used along with IRE scholarship to help the student complete a degree.

Students **are encouraged** to enroll in up to 4 classes each semester to complete a degree.

**Funding Source(s):**

- Self-pay: name, number of contacts: \_\_\_\_\_
- IRE Scholarship or if Other Scholarship, list name: \_\_\_\_\_
- Matthew 25:36 Prison Ministry or RMUMC Scholarship: \_\_\_\_\_
- VA student: List chapter \_\_\_\_\_
- Tribal Scholarship Name and Number/Affiliation: \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I understand that I will not need to re-apply for an IRE-Scholarship** and I may be placed in any class leading to completion of existing certificate or degree. *Class selection is based on previous course work, availability of funds, and the number of students in a course, and textbook availability.*

Textbooks are loaned to you if your class has a textbook, please return the book with this form. **Do not mark, initial, tear out pages, highlight or damage the book/s (including journals and lab manuals) in any way.**

If you are unable to complete your class, you are expected to promptly return the book/s (including journals and lab manuals) to the Incarcerated Re-Entry Office. You will need to follow procedures in place with the Property Officer on your unit to have your book/s removed from your property list.

Course (for example ENG101)	Name of book (for example Four in One)	Book Number (located on inside cover of book)

Approval of CEPM/CEPS/Education Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Incarcerated Re-Entry Rio Salado College  
2323 W 14<sup>th</sup> Street Tempe, AZ 85281  
480-517-8345

Email: [Incarcerated.Reentr@riosalado.edu](mailto:Incarcerated.Reentr@riosalado.edu)

Updated: 2/26/2020



# FERPA Information Release Authorization

## Maricopa County Community College District

This form is required for each college institution you attend.

In compliance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)* a college/university is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work – study, or loan amounts), and other student record information. This restriction applies to all third parties, including, but not limited to: your parents, spouse, or sponsor. Some exceptions to the disclosure prohibition exist.

Under FERPA, a college is permitted to disclose information from your educational record to your parents (or to one of your parents/legal guardian), if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- Yes, I certify that one or both of my parents, or a legal guardian claim me as a dependent for federal income tax purposes.
- No. I certify that my parents (or legal guardian) do not claim me as a dependent for federal income tax purposes.

If only one of your parents claims you as a dependent for federal income tax purposes, please check which parent claims you. Absent your consent. Information will only be shared with the parent who claims you as a dependent.

- Father
- Mother
- Legal guardian

You may, at your discretion, grant the college/university permission to release information about your student records to a third party by submitting a completed FERPA Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The college/university does not automatically send information to a third party. You have the right to inspect any written records released pursuant to this Consent (except for instances where student has already waived permission to inspect).

**NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student records. Your authorization to release information **expires 1 year from date of submission**; however, you may revoke your authorization at any time by filling out the Revocation of FERPA Consent document. This document is located here or you can see your campus Registrar’s office—please see the attached list of MCCCDC college registrars.

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### Section A: STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section B: PERSON TO WHOM INFORMATION MAY BE RELEASED**

Please release information from my academic record to the following person:

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*A picture ID must be presented by the individual authorized to view this student's record.*

**Security PIN:** For telephonic disclosure of FERPA protected information, the person named below will be required to authenticate his/her identity by providing a four-digit FERPA PIN number. You, the student, should choose a FERPA pin number and provide it to your third party contact.

**UNIQUE FERPA PIN:** \_\_\_\_\_

**Section C: RECORDS TO BE RELEASED AND FOR WHAT PURPOSE**

Check one or more boxes below to grant authorization for release of records. Information will not be shared unless the box describing the information sought is checked.

- All financial aid records (records include: status of file, awards and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the Academic, Admissions, Placement/Career Services, Financial Aid, or any similar file).
- All academic/transcript records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic record)—including records held by the Admission, Records and Registration, and Cashiers Office.
- All student account records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, record hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information contained in student account records).
- All student conduct records (records include: correspondence to and from student related to conduct issues, conduct investigative reports, and any other information related to student conduct).
- Other (please specify): \_\_\_\_\_

*NOTE: Medical records and services for students with disabilities records are considered medical records and not covered under this FERPA Student Information Release Authorization. A separate release form must be obtained for that information.*

**The information is to be released for the following purposes (check all that apply):**

\_\_\_ family communication about college experience    \_\_\_ admission to educational institution  
\_\_\_ employment    \_\_\_ assistance with counseling/treatment    \_\_\_ other (please specify): \_\_\_\_\_

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**Section D: HOLD HARMLESS AND SIGNATURE**

I, the student, acknowledge the information listed above and agree to the terms of the **FERPA Student Information Release Authorization as outlined in Sections A-D.**

I agree to hold MCCCCD and its associated college—as selected above—harmless from any and all liability for the release of my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies.

\_\_\_\_\_  
Print Student Name—REQUIRED

\_\_\_\_\_  
Signature of Student-REQUIRED

\_\_\_\_\_  
Date

The Maricopa County Community College District (MCCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.





Check the box in front of the college to identify where you plan to attend.

- Chandler-Gilbert  Estrella Mountain  Gateway  Glendale  Mesa  Paradise Valley  Phoenix  Rio Salado  
 Scottsdale  South Mountain

**APPLICATION INFORMATION**

Student ID# \_\_\_\_\_ Term of Enrollment:  Fall  Spring  Summer Year \_\_\_\_\_

Legal Name \_\_\_\_\_

\_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last

Date of Birth \_\_\_\_\_ Legal Sex  Female  Male  Other

MM/DD/YYYY

Gender Identity  Man  Woman  Trans male/trans man  Trans female/trans woman

Genderqueer/Gender non-conforming  Other Identity

SSN # \_\_\_\_\_ *Your Social Security Number (SSN#) will not be used as your primary student identification number and will be kept confidential. Individuals that wish to gain full access to Maricopa's secure online self-services resources must provide both the Social Security Number and date of birth. Students should be aware that a correct Social Security Number must be on file for reporting information pertaining to potential tax credit, and must be used by applicants for federal and state aid, and veteran administration benefits.*

**CONTACT INFORMATION**

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Cellular \_\_\_\_\_

*By checking this box, I give permission to the Maricopa Community Colleges to send SMS text messages and automated calls or other methods of communication by submitting this form. NOTE: All students and employees are enrolled in the text-message ALERT notification system. In order to receive Emergency Alerts concerning health and safety of people on campus/sites via text-message, please be sure to provide your current cell phone number.*

Email Address Home \_\_\_\_\_ Other \_\_\_\_\_

**VERIFICATION OF LAWFUL PRESENCE  
FOR RESIDENCY/TUITION CLASSIFICATION\***

\* These questions are asked for the purpose of determining tuition. Pursuant to A.R.S. §§1-502, 15-1802, 15-1802.01, 15-1803, a person who is not lawfully present in the United States is not entitled to classification as an in-state/in-county student. All applicants for resident tuition and/or financial aid must submit documentation of the above status and any additional proof of residency to the admissions/enrollment services staff upon request. Applicants for resident tuition who fail to answer the questions below or to submit supporting documentation as requested are automatically assessed nonresident tuition. Any student who falsifies information used to establish residency for tuition purposes shall be required to pay full tuition and may be subject to dismissal from the college and/or criminal action. Refer to www.maricopa.edu/residency or the college catalog for residency guidelines.

- US Citizen
- Permanent Resident: Alien Registration# \_\_\_\_\_
- Refugee or Asylee: Alien Registration# \_\_\_\_\_
- Foreign Non-immigrant with Visa: Country of Citizenship \_\_\_\_\_ Specify Visa type \_\_\_\_\_  
Alien Registration/I-94 Number \_\_\_\_\_
- Lawful Presence Otherwise Documented: Specify document(s) \_\_\_\_\_
- AZ Department of Motor Vehicle License or AZ Photo ID Number: \_\_\_\_\_
- Does not Apply: I am not requesting in-state tuition (skip this section)

**DEMOGRAPHIC INFORMATION**

Ethnicity	RACE/ETHNICITY*		
	Primary Y/N	Percentage	Ethnic Group/Tribe
Hispanic/Latino:	_____	_____	_____
American Indian/Alaska Native:	_____	_____	_____
Asian:	_____	_____	_____
Black or African American:	_____	_____	_____
Native Hawaiian or other Pacific Islander:	_____	_____	_____
White:	_____	_____	_____

Voluntary information used to comply with Federal Reporting and has no effect on admission to the college. This information will not be used for any discriminatory purpose.

**Information Release - FERPA**

Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)?  Yes  No

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

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## PREVIOUS EDUCATION

Previous College (check highest level completed)

Associate Degree  Bachelor Degree  Master Degree  No College or University  Some College while enrolled in HS  Some College no degree

High School Status (check one box)

High School Diploma High School Name \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

GED Certificate Completion Date \_\_\_\_\_ State \_\_\_\_\_

Currently Enrolled  High School Name \_\_\_\_\_ State \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Home Taught \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

No diploma or GED and under age 18

No diploma or GED and over age 18

## FIRST GENERATION COLLEGE STUDENT

Have either of your parents completed a Bachelor's Degree?  Yes  No

## LANGUAGE BACKGROUND

What was your first language? \_\_\_\_\_ What is your current primary language? \_\_\_\_\_

## MILITARY

Are you a member of the US Armed Forces, a former member of the US Armed Forces, or a dependent of a member of the US Armed Forces?

If yes, select all that apply:

I am a current member of the US Armed Forces  Yes  No

I am a dependent of a member of the US Armed Forces  Yes  No

I am a former member of the US Armed Forces  Yes  No

## VEHICLE EMISSIONS AGREEMENT

*In accordance with Arizona Statutes 15-1444 and 15-1449, I hereby certify that my vehicle as required by Arizona Revised Statute 49-542 has passed a vehicle emission test. I also understand that false certification of this affidavit constitutes a class 2 misdemeanor in Arizona. If I fail to comply with the above, I understand that I am prohibited from parking on college property and my vehicle is subjected to removal at my expense.*

I acknowledge the above statement  I do not park on campus

## RESIDENCY

Final residency decisions for tuition purposes will be made in accordance with A.R.S. 15-1801 and regulations of the Maricopa Community College Governing Board.

Will you reside in Arizona at the time of attendance?  Yes  No If no, what state? \_\_\_\_\_

What date did your present stay in Arizona begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

In what Arizona county do you reside? \_\_\_\_\_

If Maricopa, what date did you move to this county? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What Arizona county did you reside in prior to moving to Maricopa County? \_\_\_\_\_

Are you seeking admission under special Admissions Programs (Western Undergraduate Exchange or Rio Military)?  Yes  No

If yes, in which state do you currently reside? \_\_\_\_\_

## EDUCATIONAL PLAN

Select a primary reason for attending this college:

- |   |   |
|---|---|
| <input type="checkbox"/> Current high school student taking courses (dual or concurrent enrollment) | <input type="checkbox"/> Personal interest  |
| <input type="checkbox"/> Current university student taking courses to meet university requirements  | <input type="checkbox"/> Take courses for job skills (do not intend to earn a degree/certificate) |
| <input type="checkbox"/> Earn a degree/certificate for transfer to another college or university    | <input type="checkbox"/> Take courses to transfer   |
| <input type="checkbox"/> Earn a degree/certificate to enter or advance in the job market            | <input type="checkbox"/> (do not intend to earn a degree/certificate)                             |

## ACADEMIC PLAN

What academic plan do you intend to earn from this college?

Degree Name: \_\_\_\_\_ Code: \_\_\_\_\_  Certificate Name: \_\_\_\_\_ Code: \_\_\_\_\_

## REQUIREMENTS AND DISCLOSURES

I acknowledge that I have read the Maricopa Tuition and Fees Policy and the Maricopa Refund Policy. I understand that I am responsible for all tuition and fees related to my enrollment in the Maricopa Community Colleges.

If you are a student under the age of 18, additional permission will be required by a parent or guardian to enroll in courses, and accept responsibility for tuition and fees. Prior to enrollment in classes, please contact the Admissions, Records and Registration office at the institution you are interested in attending to provide the necessary consent.

I swear under penalty of perjury that the document(s) I will submit to determine lawful presence in the United States are true and the information I provide on the form is true and complete.

I certify that the answers on this application are true, correct, and complete.

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

\_\_\_\_\_  
Date

ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND IN COMPLIANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. THE ACT'S PROVISIONS ARE EXPLAINED IN THE GENERAL CATALOG.

For crime statistics reported under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, please visit [www.marlopa.edu/safety](http://www.marlopa.edu/safety) Policies can be found online through [www.maricopa.edu](http://www.maricopa.edu) or you may request a copy from Admissions and Records.