ACE Programs

Achieving a College Education

Application Year	

Please check one box next to your college of interest.

☐ Chandler-Gilbert Community College	□ Phoenix College		
☐ Estrella Mountain Community College	☐ Rio Salado College		
☐ GateWay Community College	Adult ACE		
☐ Glendale Community College	☐ ACE Puente		
☐ Mesa Community College	☐ Scottsdale Community College		
☐ Paradise Valley Community College	☐ South Mountain Community College		

www.maricopa.edu/studentaffairs/ACE

2411 W. 14th Street, Tempe, AZ 85281 • 480.731.8625 • ace.corp@domail.maricopa.edu



Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Maricopa Corporate College Mesa | Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain

ACE Programs Application
Use black ink to fill out application form completely. Please print legibly.

Student Information						
1. Legal Name (last name, first nam	ne, middle name)	Preferred Name				
2. Date of Birth (month, day, year)						
3. Mailing Address (street, city or to	own, state, and zip code)		Apt. #			
Address:						
Home Phone:	Ce	II Phone:	·			
Work Phone:	En	nail Address:				
High Sch	ool ACE	Rio Salado College Adult ACE	Program Only			
a. Career Goal:		a. Career Goal:				
b. High School Attending:		b. Years of High School Completed: Last Year Attended:				
c. High School ID #:	Current Grade:	c. Have you ever earned college cred	lit? If yes ,where?			
d. Junior High/Middle School	Attended:	Please check those that apply. I live with				
		Mother and Father One Parent	Step Parent Other			
e. Have you ever earned college credit? If yes, where?		Guardian Foster/Group Home Spouse				
		Rio Salado Adult ACE candidates check the a				
5. First Generation College Stude	ent? Yes No	You are a first generation student if both paren guardian if only living with one) did not comple	its or guardians (parent or			
a. Highest school your father	completed:					
Middle School/Junior	High High School	College or beyond	Other/Unknown			
b. Highest school your mothe Middle School/Junior		College or beyond	Other/Unknown			
6. Gender*	Male Female					
7. Ethnicity*						
7. Ethineity						
African American	Asian/Pacific Islander	Hispanic/Latino				
Native American/Alas	kan White	Other				
Tribal Affiliation:*						
		*(Optional			

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Student Information							
8. Out of School Activities				1			
a. Are you currently working	a. Are you currently working?		Hours per w	eek?	Where?		
b. Are you involved in other	activities?						
Community Service h	Community Service hours per week?			Music hou	rs per week?		
Sports hours per wee	Sports hours per week?			Other Hours per week?			
9. Have any family members p	articipated in	an ACE Progra	am? If yes, plo	ease list them.			
Name	Re	elationship	ACE Start Year		ACE College		
	I		1			I	
Family Information							
1. Parent/Guardian(s)							
Name(s):							
Home Address if different: (s	treet, city or tow	n, state, and zip o	code)				Apt. #
Home Phone:			-	Email Address:			1
2. I live with: (Please check those	that apply)						
Mother and Father		t Step P	arent \Box	Guardian	Foster/Group	Home \Box	Other
	_	эксрт	arciit	Gaaraiaii	1 03tc1/010up		- Carlei
3. What is your household annu	ual income?						
4. List ALL family members livi	ng in your ho	me					
Name	Age	Relati	onship	Highest Grade	Completed	000	cupation
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