



Maricopa Hoop of Learning

- Hoop of Learning Application
- Certificate of Indian Blood
- High School Official Transcript
- Student Information Form

College	Phoenix College
Program Contact	Office of Early Outreach
Contact Number	602/285-7743
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Deadline for Submitting Application at Phoenix College:

- Fall Semester June 30, 2011
- Spring semester.... October 29, 2010
- Summer Semester December 17, 2010



Maricopa Hoop of Learning

Application (Check college of interest below):

Maricopa Community College District
2411 West 14th Street
Tempe, AZ 85281
480-731-8000

- | | |
|--|--|
| <input type="checkbox"/> Chandler-Gilbert Community College | <input type="checkbox"/> Paradise Valley Community College |
| <input type="checkbox"/> Estrella Mountain Community College | <input type="checkbox"/> Phoenix College |
| <input type="checkbox"/> GateWay Community College | <input type="checkbox"/> Scottsdale Community College |
| <input type="checkbox"/> Glendale Community College | <input type="checkbox"/> South Mountain Community College |
| <input type="checkbox"/> Mesa Community College | |

Student ID: _____	Applicant status:	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Continuing Student	<input type="checkbox"/> Returning
Student SS#: _____	Applying for:	<input type="checkbox"/> Summer I / II	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall

SECTION A – Personal Data

Name _____ Date of Birth _____

Address _____ City _____ State/Zip Code _____

Phone Number _____ Cell Number _____ Email _____

Tribal Affiliation: _____ Gender: Male Female

SECTION B – Educational Information

Please complete each section thoroughly and accurately. If the following information is not known, contact your school counselor to complete this section.

School Attending: _____ Cumulative GPA: _____ Semester GPA: _____

Grade in School: 9th / Freshman 10th / Sophomore 11th / Junior 12th / Senior GED (Date Rec'd): _____

Expected Graduation Date: _____

SECTION C – Extracurricular Activities

Please list any activities that you are involved in or plan to participate in during the upcoming year.

SECTION D – Future Plans / Program Interest

<input type="checkbox"/> Apply to a university or 4-year college	<input type="checkbox"/> Apply to a community college
1 st Choice _____	1 st Choice _____
2 nd Choice _____	2 nd Choice _____

Type of community college degree are you interested in pursuing: _____ College Major / Concentration: _____

- Associate of Arts degree (transfer)
- Associate in Business degree (transfer)
- Associate in Science degree (transfer)
- Associate of General Studies
- Associate of Applied Science degree (occupational)
- Certificate of Completion
- Undecided

SECTION E – Student Commitment/Acceptance Guidelines

As a participant in the Hoop of Learning program, I agree to the commitment/acceptance of the following:

- Attendance to the orientation/registration with my parent/guardian
- Participation in all events/activities related to the program
- Consent to the release of my academic information, as necessary for program use
- Maintain compliance of all district and college institution policies and procedures
- Consistent attendance to all enrolled courses
- Maintain a Grade Point Average (GPA) of 2.0 or better in both high school and college courses while participating in the program
- I understand all grades earned will become a part of my permanent academic record
- I understand if I withdraw from my class or program, I may jeopardize my continued participation in the program
- Consent to participate in surveys and studies for continues program improvement
- Consent to the release and use of photographs, video, filming and recordings for the use in program, college and district publications, development of promotional and/or marketing materials

As a selected participant of the Hoop of Learning program, I commit to the goals of the program and will fully participate in all aspects of the program. I am open to learning, growing and contributing to my academic and personal growth.

Student Signature _____

Date _____

SECTION F – Parent/Guardian Information and Commitment Clause

Parent/Guardian Name _____

Work Number _____ Cell Number _____ Email _____

I give permission for my child to participate in the Hoop of Learning program. I understand that my child will be required to participate in mandatory activities and events, enroll and complete all prerequisite and/or required courses. I have reviewed and agree to assist my child in following the student commitment/acceptance guidelines of the Hoop of Learning program. As the parent/guardian, I commit to providing the needed support system to ensure success.

Parent/Guardian Signature _____

Date _____

OFFICIAL USE ONLY**Enrollment in program:**

- | | |
|----------------------------------|-------------------------------|
| <input type="checkbox"/> SS I/II | <input type="checkbox"/> 2010 |
| <input type="checkbox"/> Fall | <input type="checkbox"/> 2011 |
| <input type="checkbox"/> Spring | <input type="checkbox"/> 2012 |

Continuation: Yes No

Probation: Yes No

Withdrawn: Yes No

Date: _____

Assessment Scores:

	1 st	2 nd
Writing:	_____	_____
Reading:	_____	_____
Math:	_____	_____