



the
Gaining Options
for College Collaborative

Gannon University – Collegiate Academy
Student Application

This form must be **COMPLETED** in order to process your application for the GO College Program at Collegiate Academy. All information is used strictly for the purpose of qualifying for GO College (TRIO/Talent Search) and will be kept confidential. All students must be citizens or legal noncitizens (possess a “green card”) of the U.S. Two-thirds of all TS students must be first-generation college students and need financial assistance to attend college. **Front and back** of the application **MUST BE COMPLETED** and both the student and the parent (or legal guardian) **MUST SIGN** the application.

STUDENT INFORMATION

Social Security Number: _____ - _____ - _____ Gender: _____ Male _____ Female Age: _____

Student's Name: _____
(first) (middle initial) (last)

Address: _____
(Street or P.O. box) (city) (state) (zip)

Phone Number: () _____ - _____ Date of Birth: ____/____/____ Email: _____

Emergency Contact: _____ Phone Number: () _____ - _____
(Name & Relationship)

Ethnicity (check all that apply): _____ Number in household: adults _____ children _____
____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Hispanic or Latino
____ White
____ Native Hawaiian or other Pacific Islander
____ Other (please specify) _____
With whom do you currently live? (Check all that apply):
____ Parent (specify mother-M or father-F)
____ Parents
____ Step-Parent
____ Guardians _____ # of years in household
____ Grandparents _____ # of years in household

Are you limited in your use of the English language? Yes _____ No _____

Are you a U.S. Citizen? _____ Yes _____ No If **No**, please provide your registration number: _____
(Failure to provide the number will result in an incomplete application.)

Current school: _____ Grade: 9 10 11 12 Average grades: A B C D F

Father/ Legal Guardian's name: _____ Occupation: _____

Mother/Legal Guardian's name: _____ Occupation: _____

Place a mark in the box that represents the highest level of education completed by the custodial parent(s), guardians, or adoptive parent(s) with whom you live.

	N/A	Grade School	High School	2-year college degree	4-year college degree	Beyond 4-years
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoptive parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/> Foster care			<input type="checkbox"/> Lived with non-adoptive guardians		

Continued on back



Are you currently being served by another Federal TRIO (UB/UPMS/TS) program? ☐ YES ☐ NO ☐ I DON'T KNOW
If yes, which one(s)? _____

INCOME INFORMATION – For Parent or Legal Guardian to Complete

Please check one box and fill in the blanks.

☐ 1. Our family's taxable income for 2023 was \$_____ (Please answer 1 and 2)

This information is found on your 2023 tax return (1040-line 15)

2. Household size (# of people, including yourself, on your income tax form) _____

☐ I attest that my family did not file a federal income tax return for 2023.

My family's income was \$_____ Household size _____

☐ I attest that my family had no taxable income for 2023. Household size _____

Parent Signature: _____ Date _____

AUTHORIZATION AND RELEASE

I hereby certify that the information in this application is correct to the best of my knowledge.

I give permission to the GO College program at Collegiate Academy to meet with my child and to have access or copies of any of my child's school records to determine eligibility for the program or to monitor his/her status and progress in middle, secondary, and post-secondary education as well as eligibility for financial aid.

I also give permission for my child to be transported to any activities planned for and supervised by the GO College staff at Collegiate Academy that requires transportation. (Parents will always be given prior knowledge of any necessary travel.)

In addition, I hereby give my permission for my child's name, photograph, work and/or statements to be used by GO College for promotional, publicity, or academic purposes. This may include brochures, the GO College website & video, and the GO College Collegiate Academy Facebook/Instagram page.

I understand that GO College students must maintain a 2.5+ GPA, exhibit acceptable attendance/ behavior (no suspensions) and participate at least twice yearly in the GO College program. Failure to do so may result in dismissal from the program.

Are there any special circumstances which you would like us to know? _____

Parent/Guardian Signature

Date

Student Signature

Date

The GO College/TS program at Collegiate Academy is funded by the U.S. Department of Education, Office of Postsecondary Education, with a 2024 budget of \$288,470.00. For more information, please contact: Lee Cortina, Coordinator –814-983-2345 - cortina007@gannon.edu or Barbara Priestap, Director – priestap004@gannon.edu

