



ARCHES is committed to enriching our student experiences by providing academic and personal support to help facilitate graduation.

ARCHES Application

ARCHES (Achievement, Retention and Commitment to Higher Education Success), a program under Disability Resource Center (DRC), was established in 1997 to provide academic support services for Cal Poly Pomona's students with disabilities. ARCHES currently serves 150 students each year and accepts applications from new participants throughout the academic year. Students in the program receive in-depth, comprehensive support services from time of acceptance through graduation.

ARCHES TRiO Support Services is funded by a grant from a U.S. Department of Education TRiO Program. TRiO programs were established in 1960 to promote educational equity for students who are traditionally underrepresented in higher education: students who are first-generation, low-income, and/or disabled.

OFFICE USE ONLY

| | | |
|---|--|-------|
| <input type="checkbox"/> US Citizen status | <input type="checkbox"/> APP Rcv'd: _____ | _____ |
| <input type="checkbox"/> LI <input type="checkbox"/> FG | <input type="checkbox"/> Updated in AIM: _____ | _____ |
| <input type="checkbox"/> New Frosh/Transfer | <input type="checkbox"/> PR Date: _____ | _____ |
| <input type="checkbox"/> DRC: date _____ | <input type="checkbox"/> Income Verification | _____ |
| Verified by: _____ | <input type="checkbox"/> Eligibility Form | _____ |

Information requested in this application is required by the Federal Department of Education. All information contained in this application is confidential and used for record keeping and reporting purposes only.

Date: _____ Referred by: _____

Personal Identification

Last Name: _____ First Name: _____ Middle Initial: _____

Bronco ID Number: _____ Date of Birth: _____

Gender: Male Female

Contact and Address Information:

Cal Poly Pomona Email: _____ Cell Phone Number: _____

Local Address

Street Address: _____

City: _____ State: _____ Zip: _____

Ethnic Background:

1. Regarding your ethnicity, do you consider yourself Hispanic or Latino? Yes No

2. Regardless of your answer to question 1, you may check mark one or more of the following categories that apply to you*:

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

**ARCHES recognizes these categories are very limiting. However, this is the information the U.S. Department of Education requests for reporting purposes.*

Academic History:

Major: _____ Minor (if Applicable): _____

Current GPA: _____ High School Community College CPP

College Academic Advisor: _____ Have you met with your advisor? Yes No

Academic Standing:

Year of study (check one): freshman (0-29 units earned) sophomore (30-59 units earned)
 junior (60-89 units earned) senior (over 90 units earned)

Transfer GPA (if applicable): _____ Where did you transfer from? (if applicable) _____

Have you ever been placed on academic probation? Yes No If yes, when? _____

Freshmen only: What Math class did you place in? _____ What English class did you place in? _____

Academic Support:

Please identify all of the campus departments from which you are currently receiving support services

- Reading Advising Mentoring Program (RAMP), Advisor: _____
 Educational Opportunity Program (EOP), Advisor: _____
 Renaissance Scholars, Advisor: _____
 Undeclared, Advisor: _____
 Athletics, Advisor: _____
 Counseling Services
 Learning Resource Center
 Veteran Resource Center
 Maximizing Engineering Potential (MEP)
 Honors College

Eligibility Criteria:

1. Citizenship Status (check one)

- United States Citizen
- United States National (native of American Samoa or Swain’s Island)
- United States Permanent Resident (registered with Immigration and Naturalization Service)
- Other (Visiting Scholar, International Student Visa, etc.)

2. Disability Status (check one)

- Registered with Cal Poly Pomona’s Disability Resource Center.
- Not registered with Cal Poly Pomona’s Disability Resource Center, but have a documented physical, learning, or other disability.
- Awaiting testing and assessment from Cal Poly Pomona’s Disability Resource Center
- Other explain: _____

3. First Generation Status

Highest level of education completed by father/stepfather/guardian (check one):

- Less than high school
- High school/GED
- Technical/trade school
- Community College—AA/AS Degree
- Bachelors of Arts/Science
- Masters of Arts/Science
- Doctorate

Highest level of education completed by mother/stepmother/guardian (check one):

- Less than high school
- High school/GED
- Technical/trade school
- Community College—AA/AS Degree
- Bachelors of Arts/Science
- Masters of Arts/Science
- Doctorate

4. Family Income Status (Required)

When filing income taxes do you report as an independent or dependent student? (select one)

- Independent Student**—A student is considered independent if he/she is 24 years or older, married, a veteran, is/was a foster youth or ward of the court, or has a child that is financially dependent on them. (Must meet at least one of the above criteria)
- Dependent Student**— A student is considered dependent if he/she is under 24 years old and they do not meet any of the criteria to be an independent student.

Please fill out the information below based on the previous year’s Federal Income Tax, Form 1040. (Independent Student your or you and your spouse’s Form 1040; Dependent Student your parents’/guardians’ Form 1040)

Year: _____ Family Size: _____

Place a check mark to indicate your family’s Taxable Income:

- \$0 - \$18,210
- \$18,211-\$24,690
- \$24,691-\$31,170
- \$31,171-\$37,650
- \$37,651-\$44,130
- \$44,131-\$50,610
- \$50,611-\$57,090
- \$57,091-\$63,570
- Above \$63,571

Financial Aid:

Have you submitted a Free Application for Federal Student Aid (FAFSA) for this academic year? Yes No

Are you receiving any financial aid? Yes No

If yes, please check mark the type: State and/or Federal Grant Scholarships Loans

Please check the appropriate answer to your interest in the following ARCHES services:

- | | | | | | |
|---------------------|------------------------------------|-------------------------------|-----------------------------------|------------------------------|-------------------------------------|
| Academic Advising: | <input type="checkbox"/> Very High | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> Not at all |
| Financial Literacy: | <input type="checkbox"/> Very High | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> Not at all |
| Graduate School: | <input type="checkbox"/> Very High | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> Not at all |
| Peer Mentoring: | <input type="checkbox"/> Very High | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> Not at all |
| Tutoring: | <input type="checkbox"/> Very High | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> Not at all |
| Workshops: | <input type="checkbox"/> Very High | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low | <input type="checkbox"/> Not at all |

In 3-5 sentences please explain how ARCHES can best support your academic and career goals?

I hereby certify that the information in this application is true. I understand that the falsification or failure to provide requested information may disqualify me from consideration as an ARCHES participant.

As a participant, I hereby grant the ARCHES staff permission to access my academic, disability, and financial aid records. I understand that my application and records will remain confidential and that access to these records is necessary for the academic monitoring and advising components of ARCHES. I also understand that information pertaining to my Cal Poly Pomona student records will be used for reporting purposes.

By checking this box I allow ARCHES to use any photograph/video of me with or without my name and for any lawful purpose, including such purpose as publicity, illustration, advertising and web content

Applicant's Signature:

_____ **Date:** _____

Parent's/Guardian's Signature (under 18 years old only):

_____ **Date:** _____

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ARCHES Required Financial Information

This information is required by the U.S. Department of Education for all ARCHES Participants

STEP ONE: Answer all questions to determine if you are a “dependent” or an “independent” student.

1. Were you born before January 1, 1995?
 Yes No
2. As of today, are you married? (If you are separated but not divorced, also answer “Yes”)
 Yes No
3. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
 Yes No
4. Are you a veteran of the U.S. Armed Forces?
 Yes No
5. Do you have children who will receive more than half of their support from you between July 1, 2018 & June 30, 2019?
 Yes No
6. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019?
 Yes No
7. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent of the court?
 Yes No
8. Are you or were you an emancipated minor as determined by a court of law?
 Yes No
9. Are you or were you in legal guardianship as determined by a court of law?
 Yes No
10. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
 Yes No
11. At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
 Yes No
12. At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
 Yes No

STEP TWO: Which type of student are you?

- Independent student (if you answered yes to any of the above questions) **Complete Section A or Section C**
 Dependent student (if you answered no to all of the above questions) **Complete Section B or Section C**

STEP THREE: Complete appropriate Taxable Income Section

SECTION A: For **Independent students**, complete Section A if you filed an Income Tax Return with the IRS; otherwise, complete SECTION C.

My taxable income (*not total income or adjusted gross income*) for last year (2017) was: \$ _____

I found this figure on line _____ of my completed IRS Tax Return

The form I completed was 1040 1040A or 1040EZ

The number of exemptions I claimed on line 6d [1040(A) *front page*] of my IRS Tax Return was _____

Student Signature: _____

Date: _____

SECTION B: For **Dependent Students**, have your parent or guardian complete this section if they filed an Income Tax Return with the IRS, otherwise have your parent or guardian complete SECTION C.

My taxable income (*not total income or adjusted gross income*) for last year (2017) was \$ _____.

I found this figure on line _____ of my completed IRS Tax Return

The form I completed was 1040 1040A or 1040EZ

The number of exemptions I claimed on line 6d [1040(A) *front page*] of my IRS Tax Return was _____

Parent or Guardian Signature: _____

Date: _____

SECTION C: If you are an **Independent student** and did NOT file an IRS Income Tax Return, complete this section. Or, if you are a **Dependent student** and your parent/guardian did NOT file an IRS Income Tax Return, have your parent/guardian complete this section. Otherwise, leave this section blank.

If you, or your parents, as appropriate, did NOT file a Federal Income Tax return for 2017, please indicate which response best reflects the situation:

I receive disability benefits of \$ _____ monthly and am not required to file a Federal Income Tax Return.

I made less than the amount required to file a Federal Income Tax Return.

Student or Parent's Signature, as appropriate: _____ Date: _____