

Application for CAP: The College Adjustment Program

Academic Advancement Center, Ohio University

101 Alden Library, Athens, Ohio 45701

(740) 593-2644

FAX (740) 593-0338

www.ohiou.edu/aac/cap/

Student's Name: (please print) _____	Date of Birth: _____
Home Address: _____ (Street)	(City, State, Zip)
Home Telephone: (____) _____	Social Security # _____

Size of family (Circle One): 1 2 3 4 5 6 7 8 9 10 Other _____

Is the student a U.S. Citizen or Permanent Resident? _____ Yes _____ No

If Permanent Resident, please list Permanent Resident number: _____

Does the student have a natural or adoptive parent who has a four-year college degree? _____ YES _____ NO

If yes, was the student living with that parent on his or her eighteenth birthday? _____ YES _____ NO

Does the student have any diagnosed physical or learning disability which results in a need for special physical or educational accommodations? _____ YES _____ NO

If yes, please specify _____ (Please include documentation. Documents will be forwarded to the Disability Student Services office for verification. Refer questions to 740-593-2620 or visit www.ohiou.edu/equity/DisabilityServices/StudentServices.html)

Has the student participated in any other TRIO programs? (Circle all that apply)

Upward Bound

Talent Search

Educational Opportunity Center

REQUIRED FAMILY INCOME INFORMATION

Family income information is necessary to determine eligibility for this federally funded program. Please check and complete one category below, using 2004 Federal Income Tax data. All information is kept confidential and will be used only to determine program eligibility. (Students who meet Student Financial Aid criteria for "Independent Student" should provide their own financial information rather than their parents'.)

A. _____ A copy of the 2004 Federal Tax Form 1040 is enclosed. (pages 1 & 2 only)

B. _____ Not required to file 2004 Federal Tax Form because:

C. _____ 2004 Federal Tax Form not yet filed. Estimated adjusted gross income: _____
Number of exemptions: _____
Estimate deductions: _____

*STUDENT'S SIGNATURE _____ Date ____/____/____

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OFFICE USE ONLY- DO NOT WRITE BELOW THIS LINE

Date rec'd: _____	ACT _____ Rd. _____	Qtr. Acc. _____/'_____
1st Gen. _____	SAT _____	PC Date _____
Fin. Elig. _____	HS % _____	College _____
Ver. Disab. _____	HS GPA _____	Mjr. Code _____
Major: _____	Advisor (Faculty/CAP): _____	