

**FAMILY PROFILE**

To be completed by a parent or guardian

Student Name \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name MI

Please indicate tax return filing status of head of household: (check one).

Married filing jointly  Married filing single  Single head of household  did not file

Please complete the section below and attach last year's copy of your completed 1040 federal income tax return form or bring to the interview.

**Is the student a foster child? If yes, please have the student's case worker complete this application and provide required documentation.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**The following determines whether or not the student meets federal income guidelines:**

*The General Education Provision Act (Private Rights of Parents and Students) or more generally known as the Buckley Amendment, offers parents the option of sending their financial information under separate cover (i.e. this page may be detached and sent separately from the student's application ) and such information shall be confidential and not available to the student. This information is necessary to determine if your child is eligible to participate in the HCOP program.*

Please indicate the level of your TOTAL FAMILY TAXABLE INCOME for 2021 (taken from the IRS Form 1040 line 43; 1040A line 27; or 1040EZ line 6). Please also add any other income (including but not limited to Social Security, child support, WIC, TANF, unemployment, workers' compensation, retirement, disability) that you received for 2021.

Number of Persons in Household? \_\_\_\_\_

_____ Under \$18,210	_____ \$37,650-\$44,129
_____ \$18,210-\$24,689	_____ \$44,130-\$50,609
_____ \$24,690-\$31,169	_____ \$50,610-\$57,089
_____ \$31,170-\$37,649	_____ \$57,090-\$63,570

Does your family receive financial assistance? (Social Security, Child Support, or any other state or federally funded subsidy)

Yes  No (If yes, please complete the following information)

Type of Subsidy: \_\_\_\_\_

Monthly amount: \_\_\_\_\_

**MOTHER**

Does mother live with family?  Yes  No

Mother's Name \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Are you a college graduate?  Yes  No

If yes, indicate College attended: \_\_\_\_\_

Degree earned: \_\_\_\_\_

If no, indicate highest grade level completed: \_\_\_\_\_

**FATHER**

Does father live with family?  Yes  No

Father's Name \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Position/Title \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Are you a college graduate?  Yes  No

If yes, indicate College attended: \_\_\_\_\_

Degree earned: \_\_\_\_\_

If no, indicate highest grade level completed: \_\_\_\_\_

Did you earn a high school diploma:  Yes  No

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*I certify that the information in this application is true and complete to the best of my knowledge.*

Student \_\_\_\_\_  
*Print Last Name      First Name      MI      Signature      Date*

Parent/Guardian \_\_\_\_\_  
*Print Last Name      First Name      MI      Signature      Date*

## Release for Academic Information

To be completed by student and a parent or guardian

Name \_\_\_\_\_  
Last Name First Name MI

I authorize the Columbus State Community College Health Careers Opportunity Program (HCOP) program staff members to obtain documents relative to and consistent with my (child's) education. Such documents include but are not limited to: a copy of school transcript, test scores, and school lunch program eligibility. HCOP understands that it may generate or otherwise be in possession of confidential education records regarding students, and such records are protected by federal law including, inter alia, the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C.A. §1232g, as well as R.C. 3319.321, Ohio's Confidentiality of Student Information statute ("CSI"). HCOP and its employees expressly agree that they may not share or disclose education records except in fulfillment of and in performance of the obligations of this Release for Academic Information or as may be permitted or required by FERPA and CSI. I authorize HCOP to obtain information related to my/the student's application for college admission and acceptance status, financial aid application (FAFSA), and award letter at any and all colleges and universities, as well as current enrollment status and/or number of credits enrolled. I authorize HCOP to release or to obtain information from any agency or program providing supplemental educational services. I give permission for the student to participate in HCOP activities (including in-school advising on school premises and those that involve travel), tutoring and for his/her name, photograph, and/or statements to be used by HCOP for promotion, or instructional purposes. I authorize HCOP to obtain the above information from my/student's entry into the program throughout their post-secondary education for completion verification regarding its use only for HCOP purposes and non-re-disclosure.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Columbus State Community College HCOP**

**Jamie Minor, H.C.O.P Coordinator**

**Jminor9@csc.edu**

**Columbus State Community College Union Hall 577**

**Columbus, Ohio 43215**

# GUIDANCE COUNSELOR RECOMMENDATION FORM

Please enclose a transcript inclusive of most recent grades, GPA, class rank, and test scores.

Applicant's Name: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Last First MI

School \_\_\_\_\_ Class Rank \_\_\_\_\_ GPA: \_\_\_\_\_

The student named above is applying for admission to the HCOP Program at Columbus State Community College. We would appreciate your recommendation as it is of considerable importance to us.

This student, as of last semester, is:  Behind  At  Ahead of grade level

Which of the following best describes the student's current academic program:

Vocational  General  College Prep

Check one space for each category. 4=Superior; 3=Exceeds expectations; 2=Meets expectations; 1=Needs improvement; 0=Unacceptable

ACADEMIC EVALUATION	4	3	2	1	0
Attendance Record					
Academic Skills					
Leadership Skills					
Motivation/Attitude					
Discipline/Behavior					

Please feel free to use the space provided below to explain any low ratings you have given to the applicant.

Briefly outline this student's need for academic services.

Please check mark in the category that applies.

Does this student have the academic potential for postsecondary education?  Yes  No  
 Would this student apply to college without the assistance of HCOP?  Yes  No  
 Is this student in need of tutoring, counseling, and/or support services?  Yes  No

## RECOMMENDATION

Yes, I recommend this student for the CSCC HCOP Program.  
*Please explain in the space provide below.*

No, I do not recommend this student for the CSCC HCOP Program.  
*Please explain in the space provide below.*

Counselor: \_\_\_\_\_  
Print Name Signature Date

# STUDENT RECOMMENDATION

(To be completed by a teacher)

\_\_\_\_\_ is applying for admission to HCOP. HCOP is a federally-funded program that has three components: One of which is described below.

1. HCOP Summer Camp – Seven Week Health Sciences Camp –for high school juniors – Focus on Health Career Exploration.

We are interested in attracting applicants who wish to pursue a college education upon graduation from high school. Please complete this form in support of the student's application to our program. Thank you for your time and effort.

Please check the appropriate lines below:

	Excellent	Good	Average	Below Average	Did not Observe
Reading Skills	_____	_____	_____	_____	_____
Comprehension Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Math Skills	_____	_____	_____	_____	_____
Science Skills	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Classroom Participation	_____	_____	_____	_____	_____
Sense of Responsibility	_____	_____	_____	_____	_____
Effort	_____	_____	_____	_____	_____
Self-Discipline	_____	_____	_____	_____	_____
Sense of Cooperation	_____	_____	_____	_____	_____
Self-Confidence	_____	_____	_____	_____	_____
Manners/Personal Habits	_____	_____	_____	_____	_____

If the student has actually had a course/class taught by you please list below:

Course/Class: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name Title Signature Date

\_\_\_\_\_  
School