



DANVILLE COMMUNITY COLLEGE GREAT EXPECTATIONS APPLICATION

NAME _____ EMPL ID # _____

ADDRESS _____

SCHOOL EMAIL _____

PERSONAL EMAIL _____

DATE OF BIRTH ____ / ____ / ____ GENDER _____ RACE _____

HOUSING TYPE: CHECK ONE

- INDEPENDENT LIVING
- FOSTER HOME
- ADOPTIVE HOME
- APARTMENT
- LOST HOUSING
- HOMELESS
- OTHER _____

STATUS: CHECK ONE

- IN FOSTER CARE WHEN GRADUATING FROM HIGH SCHOOL OR RECEIVING YOUR GED
- CURRENTLY IN FOSTER CARE
- ADOPTED AFTER 13 YEARS OLD
- SPECIAL NEEDS ADOPTION
- OTHER _____

FIRST SEMESTER ENROLLED :FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

HOME PHONE NUMBER _____

CELL NUMBER _____

ALTERNATE ADDRESS

SOCIAL SECURITY NUMBER _____

NAMES OF CHILDREN/AGES

HOW DID YOU HEAR ABOUT THE GREAT EXPECTATIONS PROGRAM: CHECK ONE

- | | |
|---|--|
| <input type="checkbox"/> SOCIAL SERVICES WORKER | <input type="checkbox"/> SPECIAL EVENT |
| <input type="checkbox"/> GROUP HOME | <input type="checkbox"/> DCC STUDENT |
| <input type="checkbox"/> GREAT EXPECTATIONS STUDENT | <input type="checkbox"/> DCC STAFF |
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> OTHER----- |



Great Expectations

FOSTERING POWERFUL CHANGE

PREVIOUS EDUCATIONAL PROGRAMS: CHECK ONE

- GED GRADUATE
- HIGH SCHOOL
- DATE GRADUATED _____

LAST SCHOOL ATTENDED _____

LOCATION OF LAST SCHOOL _____

Which of these barriers may interfere with you completing school or getting a job?

- | | | | | |
|---------------|----------------|-------------|--------|---------|
| Child Care | Transportation | Housing | Income | Poverty |
| Work Schedule | Medical Issues | Ex-Offender | | |

Driver's License Yes No Suspended

Fines Owed? Yes No If yes, amount owed _____

Workforce Investment Act (WIA) Eligible?

Receives WIA Training Funds? _____ Amount of Funds _____

EMPLOYMENT INFORMATION

Are you employed Yes No

Average hours worked per week? _____ Wage per hour/Salary _____

How long have you been at this position? _____

Part-time Full-time w/benefits Full-time without benefits

Transportation to work Bus Car Both

Previous Employers and Length of Employment:

Are you looking for a job now? Yes No

If yes, full time or Part-time? Full-time Part-time

Day or Evening? Day Evening

How much do you need to make "per hour"? _____

Where do you want to work? _____

What do you want to do? _____

FOLDER CHECKLIST

(For office use only)

____ COPY OF PHOTO ID

____ STUDENT PHOTO

____ PARTICIPANT COMMITMENT FORM

____ RELEASE OF INFORMATION FORM

____ PHOTO RELEASE FORM

____ SPONSOR COMMITMENT FORM

____ FAFSA APPLICATION SUBMITTED ONLINE

____ SCHOLARSHIP APPLICATION

ENROLLED IN CLASSES? _____

ENROLLMENT STATUS _____ FULL-TIME or _____ PART-TIME

ATTACH A CLASS SCHEDULE

Danville Community College

Participant Commitment

I wish to participate in the Danville Community College, Great Expectations program. I understand that the Great Expectations program and my intentions are to continue on with college coursework. By signing this commitment, I agree to meet the following requirements:

1. Apply for Financial Aid (FAFSA)
2. Adhere to the DCC attendance policy
3. Take the college placement test if applicable (non-transfer or current students)
4. Provide all requested paperwork and complete all assignments in a timely manner
5. Participate in one Leadership activity and be an active participant in all aspects of the Great Expectations program
6. Academic Advising
7. Maintain regular contact with your Great Expectations coach for one year upon completion of the program
8. Communicate with your Great Expectations coach a minimum of twice per month; office hours are posted at the Great Expectations office

Signature

Date

Coach's Commitment

I acknowledge the commitment of this participant and I will:

1. Provide assistance for the participant
2. Provide assistance for the participant to continue with college coursework
3. Provide assistance for the participant to take the college placement test
4. Motivate participants and encourage the development of outstanding academic and work-ready attitudes
5. Provide assistance in overcoming barriers which may interfere with attending classes
6. Maintain regular contact and provide assistance to the participant for a minimum of one year

Signature

Date

(Rev. 8/08)

Danville Community College

IMAGE RELEASE FORM

I hereby consent to the use by the Great Expectations Program, Danville Community College, and its Foundation of the name, portrait, picture, video, audio, or computer generated image of _____ for publication or promotional purposes at any time and from time to time until Danville Community College MARKETING AND PUBLIC RELATIONS OFFICE, 1008 South Main Street, Danville, VA 24541 is advised in writing of the revocation of this authorization.

Printed Name: _____

Signature: _____

Date: _____

Danville Community College

Release of Information Authorization

I, _____, (student name), authorize **Danville Community College, Great Expectations** staff, to provide information concerning my program status, attendance, and third party sponsor payment to:

- The appropriate state/local community agencies in order to obtain assistance to support my participation in the Great Expectations program.
- The person/persons listed on my Great Expectations Application and Sponsor Commitment forms as my Great Expectations Sponsor, Emergency Contact, and Home Contact Number

This authorization will remain in effect until I successfully complete all aspects of the Great Expectations program. The information will be used by the program staff to assist me as I work towards completion of a degree program and complete a successful transition from school to work/postsecondary education/etc. This information will not be shared with others. I also authorize the Great Expectation staff to contact the appropriate agencies to obtain information concerning my foster care status (date in care, case manager, DDS, etc.) and to help in the transition from foster care to post-secondary enrollment. This information is confidential and will not be shared, by Danville Community College, without my written consent.

Signature

Date

(Rev. 08/08)

Career Exploration
(For use with the Virginia Wizard)

1. What job or career did you look into?
2. List at least 3 – 5 tasks that you would perform on the job.
3. What might your work environment be like (2-3 sentences)?
4. What education do you need to begin work in this field?
5. What 3 other jobs are similar to this one (related occupations)?
6. What the average earnings for this career in Virginia and the United States overall?
7. What is the job outlook for this position (will jobs increase, decrease or stay the same)?
8. What classes or program of studies should you pursue at _____ CC?
9. What type of degree can you earn, career certificate, diploma, associates, etc:
10. Name at least two companies in the area that hire people for this position.
11. Now that you have looked into this occupation, would you still consider pursuing it as a career?
Why or Why not?

GREAT EXPECTATIONS

Name _____ CC _____ HS _____ Other _____

Date Completed

- 1. *Great Expectations* application _____
- 2. CC application and enrollment term _____
- 3. Complete Virginia Wizard _____
- 4. Career Planning _____
- 5. Resume and cover letter _____
- 6. Financial Aid process _____
- 7. Great Expectations Website information _____
- 8. Take CRC and pass _____
- 9. Job search/ employment soft skills _____

Other _____

