



# 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**

- SOCIAL SERVICES WORKER
- SPECIAL EVENT
- GROUP HOME
- DCC STUDENT
- GREAT EXPECTATIONS STUDENT
- DCC STAFF
- FAMILY
- 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

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## 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_