

# ¡ANDALE!@Oakton

Association for the Nurturing and Developing the Advancement of Latino/a/xs in Education

## ¡ANDALE! COHORT PROGRAM APPLICATION OAKTON COMMUNITY COLLEGE

Name: \_\_\_\_\_

Last

First

MI

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone No: (\_\_\_\_) \_\_\_\_\_ (hm) (\_\_\_\_) \_\_\_\_\_ (cell/)

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Are you Hispanic or Latino/a/x? Yes  No

Are you a first generation college student?

Neither of my parents received a bachelor's degree in the United States. **OR**

One or both of my parents received a bachelor's degree in the United States.

**Returning Oakton Student**

No. of Credits Completed at Oakton: \_\_\_\_\_

Oakton G.P.A. \_\_\_\_\_

**1st Semester Oakton Student**

High School G.P.A.: \_\_\_\_\_

High School Class Rank: \_\_\_\_\_

Educational Goals: (check all that apply)

Associate's Degree (2-year)  Certificate  Transfer to a 4-yr. school

Bachelor's Degree (4-year)  Part-time student  Full-time student

What is your intended major or career? \_\_\_\_\_

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## Short Answers

1. Explain your reasons for applying to the ¡ANDALE! Program.

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2. Describe your understanding of your Latino/a/x identity. Is it important to you, why or why not?

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3. Write about two of your biggest strengths and two of your biggest weaknesses

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4. List the classes you are currently taking and list any other outside responsibilities (work, childcare, clubs, sports, etc) you have below with details (days and times of commitments).

- Mon
  
- Tues
  
- Wed
  
- Thurs
  
- Fri
  
- Sat
  
- Sunday

## STUDENT CLEARANCE AND APPROVAL

I understand that:

- by signing this form, I verify that all of the above information is correct and I am able and will commit myself fully to the **¡ANDALE! Program**.
- **¡ANDALE!** will use information from my application and academic records for educational purposes only.
- **¡ANDALE!** may share and/or obtain information from the registration, advising & counseling, and financial aid offices, instructors, student development faculty, health professionals, administrators, and other appropriate personnel at Oakton to assist me in reaching my educational goals and maintaining overall wellness.

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*Student's Signature*

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*Date*