



American Indian Program

HOOP OF LEARNING

09/10 FY Contract

A. Student Information

Date	Tribe	SS#	Grade	Grad Yr	GPA
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Student Name _____ Phone () _____

Address _____

City _____ State _____ Zip Code _____

School _____ Counselor _____ School Ph# _____

Parent/Guardian _____ Ph# (Cell/Hme) _____

Are you a high school Senior? Yes No If so, are you planning on attending college? Yes No
Where, what college? _____

B. Program Information

Please indicate if you are a new Hoop Student. Yes No Started when? _____

Are you taking more than one Hoop class with MCCC? Yes No Where? _____

Please indicate which semester you are applying for:
 Spring Semester _____ Fall Semester _____ Sum I Semester _____ Sum II Semester _____

Have you taken a Placement Exam at any of the Maricopa Community Colleges?
 Yes _____ If yes, which Community College _____ No _____

Career Interest (s) _____

C. Required Documents (ALL REQUIRED DOCUMENTS MUST BE SUBMITTED TO BE CONSIDERED FOR A SCHOLARSHIP)

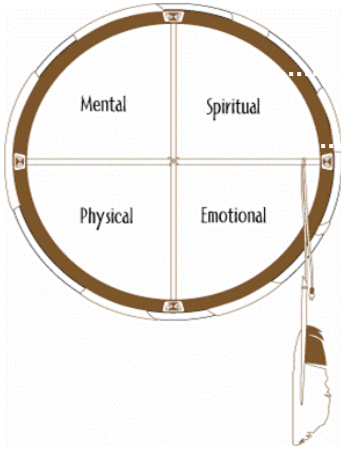
Please return to your high school counselor or return them to the following address:
*Scottsdale Community College
 American Indian Program
 9000 East Chaparral Road
 Scottsdale AZ 85256*

- Required documents:**
1. signed contract (must be signed by **parent/guardian** and **student**).
 2. SCC Student Information Form (must be signed by **student**, **parent/guardian** and **high school counselor**).
 3. Unofficial or Official **transcripts**.

Acknowledgement: by signing below, I verify the information is accurate to the best of my knowledge. In agreeing to the terms, I commit myself to the Hoop of Learning Program.

Student Signature _____ Date _____
 Parent Signature _____ Date _____

For further information on the Hoop of Learning Program, please contact the American Indian Program at 480-423-6531, (fax) 480-423-6786



American Indian Program

Scottsdale Community College

Hoop of Learning



Student Agreement

As a participant in the Hoop of Learning Program, I agree to the following:

- Attendance to all class(es) for which I am enrolled.
- Fulfillment of all requirements outlined in the instructor's class syllabus.
- Maintain a GPA of 2.0 or higher at my high school while participating in the Hoop of Learning program.
- Maintain a GPA of 2.0 or higher at SCC while participating in the Hoop of Learning program.
- Expectation to pass each level of class before advancement into the next class.
- Submit a bi-weekly mandatory progress report signed by your instructor and turn into AIP.
- Compliance with Scottsdale Community College Withdrawal Procedures (*in the General Catalog and Handbook, under Scholastic Standards, AR2.3.6*). I understand if I choose to withdraw from a class, this may jeopardize my future participation.
- Participation of any class(es) will become a part of my permanent academic record.
- Consent to the release of my academic information to participating institutions.

Regarding Code of Conduct, I agree to the following:

- Adhere to the Scottsdale Community College policy and procedures as directed in the General Catalog and Handbook.
- Students are expected to conduct themselves appropriately and respectfully; each participant will abide by rules set forth by the Hoop of Learning program and SCC's Code of Conduct (*in the General Catalog and Handbook, under Student Rights and Responsibilities, AR 2.5.2*).
- Any student who engages in disrespectful, hostile, or violent behavior can be dismissed from the program. The violation of the student Code of Conduct may result in the withdrawal of my class and/or program.
- I will assume personal responsibility for my behavior and actions and accept the consequences of any inappropriate behavior.

I plan to participate fully in all aspects of the Hoop of Learning Program. Additionally, I consent to take part in studies and surveys for program improvement purposes. This agreement is for the 09/10 FY.

Student Signature _____ Date _____

Parental Consent-Claim to Support

I give approval to have my son/daughter to participate in the Hoop of Learning Program. I understand this permission includes my approval for my child's involvement in the assigned college course, consent of photo release of student, and for participation in any field trips related to the class. In addition to the above agreement, I agree to the exchange of academic information with all parties, including participating institutions with the Hoop of Learning Program. Finally, I am willing to be an active participant in parent meetings and events, and will support my child in this program. This consent is for the 09/10 FY.

Name of Parent (Printed): _____

Parent Signature _____ Date _____