



Umoja (a Kiswahili word meaning unity) is a community of educators and learners committed to the academic success, personal growth and self-actualization of Black/African-American students. The Umoja Learning Community seeks to educate the whole student—body, mind and spirit. Informed by an ethic of love and its vital power, Umoja will deliberately engage students as full participants in the construction of knowledge and critical thought. The Umoja Learning Community seeks to help students experience themselves as valuable and worthy of an education.

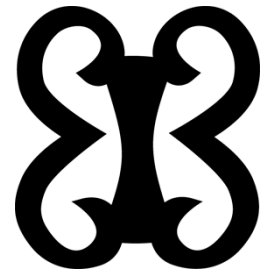
With emphasis on topics relevant to the African-American experience, the curriculum focuses on improving reading, writing, self-discipline and critical thinking skills. The Umoja Learning Community leaders also provide assistance with the personal issues that often hinder Black/African-American students in an educational setting. The Umoja program is a “family” that cares for each other in the new experience of learning to navigate college and becoming successful professionals.

Umoja Learning Community, Sierra College
Rocklin Campus
5100 Sierra College Boulevard
Counseling Center, Winstead Building
(916) 660-7415 / ttimes@sierracollege.edu

The mission of the Umoja Learning Community is to retain students at the community college level, assist students in graduating with an Associate’s Degree or certificate, and increase transfer readiness to a four-year college or university.

Benefits of participating in Umoja at Sierra College:

- **Strong support system**
- **Personal attention from counselor and instructors**
- **Guaranteed classes**
- **Peer tutoring**
- **Supplemental instruction**
- **Motivational campus tours**
- **Cultural workshops**
- **Conferences**
- **Community Service**
- **Networking**
- **Friendship**



NKONSONKONSON

“Chain link”: symbol of unity and human relations.

A reminder to contribute to the community, that in unity lies strength.

Semester: Fall _____ Sp _____ Su _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
7:00 – 8:00						
8:00 – 9:20						
9:30 – 10:50						
11:00 – 12:20						
12:30 – 1:50						
2:00 – 3:20						
3:30 – 4:50						
5:00 – 6:20						
6:30 – 9:35						



APPLICATION

SEMESTER: Fall 20____ Spring 20____

Last Name _____ First Name _____ M.I. _____

Student I.D. _____ Date of Birth _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Ethnicity:

American Indian

Asian/Pacific Islander

Black/African American

Hispanic/Mexican American/Latino

White/Caucasian

Other _____



Sankofa: A symbol of the wisdom of learning from the past in building the future.

STUDENT INFORMATION

What is your major? _____

What is your educational goal? Transfer without an AA/AS Transfer with an AA/AS Degree
 Graduate with an AA/AS Degree Certificate Other

Are you eligible for financial aid? Yes No Don't Know

Are you planning to work while attending college? If so, how many hours per week? _____

Please describe your career goal(s): _____

Will you be living in the dorms? _____

HIGH SCHOOL INFORMATION

High School Graduate Yes No Expected Graduation Year _____

Name of High School _____

High School GPA (approximate) _____

Were you enrolled in special education courses in high school? Yes No Don't Know

PARENT INFORMATION

Mother's highest level of education:

- Doctorate or Professional Degree
- Master's Degree
- Bachelor's Degree
- Associate's Degree
- Some College
- High School Graduate/GED
- Some High School

Father's highest level of education:

- Doctorate or Professional Degree
- Master's Degree
- Bachelor's Degree
- Associate's Degree
- Some College
- High School Graduate/GED
- Some High School

I certify that all of the information on this application is accurate and complete to the best of my knowledge.

I give Sierra College permission to collect and utilize this data to improve student success. I give Sierra College permission to speak with my family and other people involved in my educational pursuit.

Student Signature _____ Date _____

PROGRAM USE ONLY:	ATH	FA
Contact:	DORMS	FFY
Appointment:	DSPS	TRIO
Registered:	EOPS	VET