**PROGRAM INTAKE FORM – Community College**

***All information is confidential and only accessible to program staff***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Female Male 

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children?  Yes  No If yes, how many children do you have? \_\_\_\_\_\_\_\_\_

Currently enrolled in foster care?  Yes  No

County of jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of dependency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted Minute Order/Ward of Court Letter:  Yes  No

**Emergency Contact Information**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Assessment Information**

Math:  Yes  No English:  Yes  No Appointment Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Math Placement: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** English Placement: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Have you attended GSP Orientation?SummerFall Spring  Have NOT attended

**Campus Fees/Tuition**

ASO Fees: Yes  No

Health Fees: Yes  No

**Support Services on Campus**

Are you currently receiving services from the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Yes** | **No** | **Name of Contact (if known)** | **Notes** |
| EOP&S |  |  |  |  |
| TRIO |  |  |  |  |
| DSPS |  |  |  |  |
| Tutoring |  |  |  |  |
| Career/Transfer |  |  |  |  |
|  |  |  |  |  |

**Academic Counseling/Educational Planning**

Counseling (General Counseling / EOPS / TRIO / DSPS)

Meeting #1: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GSP – Academic Advisor 

Meeting #1: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Meeting #2: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed an Education Plan? Yes  No

Have you completed a College Success or Readiness Course Class? Yes  No

Which course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appeals**

EOP&S:  Yes  No Due on/ before***: \_\_\_\_\_\_\_\_\_\_\_\_***

Financial Aid:  Yes  No Due on/ before: ***\_\_\_\_\_\_\_\_\_\_\_\_***

**Housing**

Living Situation:

 Apartment  Dorms  Transitional Housing  Family

 Foster Home  Homeless  Decline to state

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List transitional housing program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Resources**

Completed FAFSA:  Yes  NoYear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Chafee application:  Yes  No Receiving Chafee:  Yes  No

Applied for Scholarships:  Yes  No Receiving Scholarships:  Yes  No

If yes, which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed?  Yes  No If yes, how many hours per week? \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of financial support:  Foster Care  Family/friend  Financial Aid

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information**

Any other information you’d like to share with us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the information I have completed is true and correct to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Date**

**PROGRAM INTAKE FORM – Four Year Institution**

***All information is confidential and only accessible to program staff***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_  Female  Male

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have children?  Yes  No If yes, how many children do you have? \_\_\_\_\_\_\_\_\_

Currently enrolled in foster care?  Yes  No

County of jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of dependency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted Minute Order/Ward of Court Letter:  Yes  No

**Emergency Contact Information**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Enrollment/Assessment Information**

Freshman Admission Transfer from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English Placement Test:  Yes No ExemptPlacement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry Level Mathematics Test: Yes No ExemptPlacement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended summer bridge?  Yes No

Have you attended GSP Orientation? Summer Fall  Spring  Have NOT attended

**Campus Fees/Tuition**

Tuition Paid: Yes  No

Outstanding Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Services on Campus**

Are you currently receiving services from the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Yes** | **No** | **Name of Contact (if known)** | **Notes** |
| EOP |  |  |  |  |
| TRIO |  |  |  |  |
| Disabled Students Services |  |  |  |  |
| Tutoring |  |  |  |  |
| Counseling/Psych Services |  |  |  |  |
|  |  |  |  |  |

**Academic Counseling/Educational Planning**

Have you completed an Education Plan? Yes  No

Have you completed a College Success or Readiness Course Class? Yes  No

Which course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appeals**

EOP:  Yes  No Due on/ before***: \_\_\_\_\_\_\_\_\_\_\_\_***

Financial Aid:  Yes  No Due on/ before: ***\_\_\_\_\_\_\_\_\_\_\_\_***

**Financial Resources**

Completed FAFSA:  Yes  NoYear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Chafee application:  Yes  No Receiving Chafee:  Yes  No

Applied for Scholarships:  Yes  No Receiving Scholarships:  Yes  No

If yes, which ones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed?  Yes  No If yes, how many hours per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of financial support:  Foster Care  Family/friend  Financial Aid

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing**

Living Situation:

 Apartment  Dorms  Transitional Housing  Family

 Foster Home  Homeless  Decline to state

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List transitional housing program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information**

Any other information you’d like to share with us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the information I have completed is true and correct to the best of my knowledge**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Date**

**<NAME OF PROGRAM> AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

One purpose of the Family Educational Rights and Privacy Act (“FERPA”) is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in an individual student's educational record. By signing this release, you consent to allow the staff members in the <NAME OF PROGRAM> at <NAME OF SCHOOL> to review and discuss any information contained in your educational records related to or impacting your participation in the <NAME OF PROGRAM> with school administrators, instructors, social service staff members, and foster care administrators or their staff members.

Your consent to release begins at the time of application to <NAME OF SCHOOL> and/or the <NAME OF PROGRAM>. The Release remains in effect until you graduate from <NAME OF SCHOOL> or officially leave the program. You may send a written letter revoking this Release to the staff of the <NAME OF PROGRAM> prior to leaving the university.

**How Will the Release Be Used?**

There may be situations in which we need to request or relay information related to your application or participation in the program. This Release allows us to discuss your personal information with university staff members as well as the social service agencies familiar with your case history. In addition, this Release grants authorization to the <NAME OF PROGRAM> staff to request information from your instructors and your academic department related to your class participation and grades. Finally, this Release allows the <NAME OF PROGRAM> to discuss your educational record with professionals who are studying the issues related to former foster youth. Individuals other than university staff members will sign a statement confirming that your information will be handled in a manner that does not permit identification of your personal situation. In all cases, your information is handled with confidentiality; your information will be destroyed when the data is no longer needed to document your activities at <NAME OF SCHOOL>.

**May I Rescind this Release?**

To rescind this Release, please send a written statement to the <NAME OF PROGRAM> that includes your:

* Full name
* Date of birth
* Social security number
* Statement to rescind the request (please include an effective date)
* Signature and date

**What if I Have Additional Questions?**

<NAME OF PROGRAM> staff are available to answer your questions during normal business hours. You can reach the Program by calling <PHONE NUMBER>.

**CERTIFICATION**

By signing this Release, I understand that information contained in my educational records related to or impacting my application and participation in the <NAME OF PROGRAM> may be released to or forwarded by the <NAME OF PROGRAM> staff with my FULL CONSENT. I have signed this Release for the purpose of coordinating my participation in the <NAME OF PROGRAM>. I understand that this Release will remain in effect until I am officially removed from the program, or I graduate or disenroll from <NAME OF SCHOOL>. I understand I can withdraw this authorization by sending a written letter revoking this Release to the <NAME OF PROGRAM> prior to that date. I understand that this Release exempts staff in the <NAME OF PROGRAM> from adhering to confidentiality statements I may have signed regarding my educational records at <NAME OF SCHOOL>. I certify that all of the information reported on this form is true, complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Student's Name Student's ID number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date (mm/dd/yyyy)

**STUDENT AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a participant in the <PROGRAM NAME> agree to the following conditions and will do my best to fulfill the below requirement/conditions in order to remain in good standing with the program:

\_\_\_\_\_\_\_\_\_\_\_\_ Maintain an overall GPA of 2.0 or higher

\_\_\_\_\_\_\_\_\_\_\_\_ Maintain a fulltime load of 12 units or an equivalent load of units as designated by the DSPS office if I am a DSPS participant

\_\_\_\_\_\_\_\_\_\_\_\_ Maintain continuous enrollment (unless a formal Leave of Absence is granted)

\_\_\_\_\_\_\_\_\_\_\_\_ Participate in weekly one-on-one meetings with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_<PROGRAM STAFF TITLE>

\_\_\_\_\_\_\_\_\_\_\_\_ Participate in all aspects of the program including attending monthly activities and special events

\_\_\_\_\_\_\_\_\_\_\_\_ Develop and follow a Student Education Plan

\_\_\_\_\_\_\_\_\_\_\_\_ Participate in a minimum of four (4) workshops each semester

\_\_\_\_\_\_\_\_\_\_\_\_ Attend a minimum of four (4) tutoring sessions throughout the semester (if advised by program staff)

\_\_\_\_\_\_\_\_\_\_\_\_ Abide by all college standards for appropriate conduct and community behavior

In addition, below are my personal learning outcomes I hope to achieve:

|  |
| --- |
| 1) |
| 2) |
| 3) |

In signing this contract I give permission to the <STAFF TITLE> to discuss with the suitable agencies the appropriate information regarding my academic and personal situations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name Staff Signature Date

**CHECKLIST – COMMUNITY COLLEGE**

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

Program (Guardian Scholars etc.) Application

FAFSA

Admissions Application

Official Transcripts

EOPS Application

Housing Application (if applicable)

Assessment Completed

*English score:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Math score*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orientation Completed

Education Plan Completed

BOG Fee Waiver

Disabled Students Program (if applicable)

Other Campus Programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLIST – FOUR YEAR**

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

Program (Guardian Scholars etc.) Application

Freshman Transfer *GPA:* \_\_\_\_\_\_

FAFSA

Admissions Application

EOP Application

Official Transcripts

Official SAT Scores *Math:* \_\_\_\_\_\_ *Written:* \_\_\_\_\_\_ *Verbal*: \_\_\_\_\_\_

Housing Application (if applicable)

EPT/ELM Test

Disabled Students Program (if applicable)

Other Campus Programs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY FUND REQUEST FORM**

**Student Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Request:**

☐ Delayed Financial Aid

☐ Unexpected one-time expense

☐ Inadequate resources to cover expenses (must demonstrate a budget plan for future months)

**Amount Requested (not to exceed $\_\_\_\_\_\_\_\_\_\_): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payee Information**: (If there are multiple payees, include information on an additional page.)

**Name:**

**Address:**

**City/State/Zip Code:**

**Exact Dollar Amount:**

**Account Number:**

Please attach the bill, landlord notice, invoice etc. to this request. This request will not be reviewed without supporting documentation.

By signing this form I certify that all of the information provided is accurate. I understand that any payments made must be made to a third party (e.g. landlord, utility company, book store, etc.) and will not be made directly to me. I understand that I may be required to work with program staff regarding money management and budgeting as a condition of approval of this request.

**For Office Use Only**

☐ Approved ☐ Denied

Approval amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<COLLEGE SUPPORT PROGRAM>**

**<term/year>**

**Student Name: . SSID: .**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Attendance | Academic Progress | Current Grade | Instructor Signature |
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Comments:

***Note*: This student’s academic progress is being monitored periodically. This information will be submitted to the** <College Support Program> **to assist the student’s educational needs to ensure success at** <Name of College>**.**

**<COLLEGE SUPPORT PROGRAM>**

**<term/year>**

**Student Name: . SSID: .**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Attendance | Academic Progress | Current Grade | Instructor Signature |
|  |  |  |  |  |
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Comments:

***Note*: This student’s academic progress is being monitored periodically. This information will be submitted to the** <College Support Program> **to assist the student’s educational needs to ensure success at** <Name of College>**.**

**Mid-Quarter Progress Report**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Units\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student:** Complete “Course” and “Units” columns using information from your class schedule. Schedule appointments with your instructor to review your current progress in each course. Please be sure to have your instructors sign the form before turning it in to your advisor.

**INSTRUCTOR:** Please assess the student’s progress by completing/discussing the fields to the best of your knowledge. **\***Mark “+” (plus) to indicate a student’s strength in the given area or “-” (minus) to indicate improvement is needed. Thank you for your assistance.  **Please Note this form is intended to help the student assess their standing in your class and is not an indicator of previous negative performance.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course | Units | Attendance Comments / Number of Absences | **Student Assessment** | **Participation\*** | **Homework\*** | **Tests\*** | **Study Skills\*** | **Motivation\*** | Current Grade | Additional Comments (use reverse for additional comments) | Instructor Signature/ Date |
|  |  |  | **+ / -** |  |  |  |  |  |  |  |  |
|  |  |  | **+ / -** |  |  |  |  |  |  |  |  |
|  |  |  | **+ / -** |  |  |  |  |  |  |  |  |
|  |  |  | **+ / -** |  |  |  |  |  |  |  |  |
|  |  |  | **+ / -** |  |  |  |  |  |  |  |  |
|  |  |  | **+ / -** |  |  |  |  |  |  |  |  |

**Advisor’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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