



OFFICE USE ONLY:

Read \_\_\_\_\_ Write \_\_\_\_\_ Math \_\_\_\_\_

FAFSA \_\_\_\_\_ EFC \_\_\_\_\_

Cum. GPA \_\_\_\_\_ BOGFW \_\_\_\_\_

Transcripts Missing: Yes  No

Unit waiver \_\_\_\_\_ Cum. Units \_\_\_\_\_

Male  Female

Ethnicity \_\_\_\_\_ CARE \_\_\_\_\_

Approved  Denied  Pending

# Application

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

## Step 1: Contact Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ EVC I.D.# \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ETHNIC BACKGROUND: \_\_\_\_\_ PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_

## Step 2: Eligibility Requirements

Are you a California Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you enroll in 12 units or more? (exemption for students with a verified disability)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for a Board of Governors Fee Waiver (BOGFW)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a high school diploma or GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you graduate from high school with a less than 2.5 GPA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an emancipated foster youth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did either of your parents graduate from college?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Admissions or Registrar's Office determined that you are exempt from paying nonresident tuition under education Code Section 68130.5 (AB 540)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Step 3: Educational History

List previously attended educational institutions and submit **unofficial college transcripts** with this application.

High School \_\_\_\_\_ Attended \_\_\_\_\_ to \_\_\_\_\_  
Year Year

Other School \_\_\_\_\_ Attended \_\_\_\_\_ to \_\_\_\_\_  
(College(s)) Year Year

## Step 4: Educational Goal

- Associate degree
- Transfer to CSU
- Transfer to UC
- Vocational Certificate/License

Intended Major \_\_\_\_\_

CARE Eligibility Requirements  
(Additional benefits for a single parent receiving public assistance)

I am a single parent/ head of household. Yes  No

I am receiving Cal-Works benefits. Yes  No

I have dependent child(ren) under 14 years of age. Yes  No

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

Signature \_\_\_\_\_ Date \_\_\_\_\_