

# OASISS STUDENT APPLICATION

OUTREACH & ADVOCACY SERVICES FOR IMMIGRANT STUDENT SUCCESS

Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Year Year

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City Zip

Male Female Non-binary Other Preferred Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Language(s) other than English: \_\_\_\_\_

## Educational Goal: (Check)

- ☐ Certificate  
☐ Associate degree  
☐ Associate degree & transfer  
☐ Transfer

## Academic History

### High School

Attended \_\_\_\_\_ to \_\_\_\_\_  
Year Year

EVC Major: \_\_\_\_\_

Expected Graduation: \_\_\_\_\_

### Other School/College/University

Attended \_\_\_\_\_ to \_\_\_\_\_  
Year Year

## Program Questionnaire

YES NO

Has the Admissions and Records Office determined that you are exempt from paying nonresident tuition under Education Code Section 68130.5 (AB-540)?

Have you submitted your California Dream Act Application or FAFSA? (financial aid)

Does OASISS have permission to post your name on our in-office bulletin board for special events (i.e. graduation, scholarship awards, etc.)?

Does OASISS have permission to post your name on our social media for special events (i.e. graduation, scholarship awards, etc.)?

Instagram: evc\_oasiss

Facebook: EVC OASISS

The OASISS social media pages mentioned above post many useful resources and events. We encourage you to follow OASISS on social media for the most up to date information.

### OFFICE USE ONLY:

AB-540 STUDENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

FINANCIAL AID ON FILE: \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ PENDING

STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

## OASISS REQUIREMENTS

### Read before signing

#### - AS AN OASISS MEMBER:

- I acknowledge that it is mandatory for me to attend at least one OASISS counseling appointment AND at least one OASISS workshop.

- I acknowledge that I am required to check my emails and be in communication with the OASISS staff to ensure that I receive the services available to me.

- I acknowledge that I am required to submit a new OASISS application each semester to remain in the program.

- By signing below, I hereby certify that the information provided on this application is accurate and complete to the best of my knowledge and I agree to submit the OASISS application.

Student signature

Date