



STUDENT APPLICATION

Date: _____ Applying For: Fall Spring Summer _____ (Year)

Last Name: _____ First Name: _____

Preferred Name: _____

Student ID #: _____ Birthdate: _____ Current Age: _____

What is your gender?

Female Male Prefer not to say

Prefer to self-describe _____

Best Contact Phone Number: (____) _____

IVC Email: _____

Secondary Email: _____

Do you have children? No Yes If so, how many children do you have? _____

Currently enrolled in foster care? Yes No

Previously enrolled in foster care? Yes No At what age(s)? _____

County of jurisdiction: _____

Social Worker: _____ Phone: _____

ILP Coordinator: _____ Phone: _____

Type of Care (Group Home, Kinship, etc.): _____

Have you previously participated in a campus Foster Youth Program(s)? Yes No

If so, what campus(es)? _____

How did you hear about IVC's Guardian Scholars Program?

Social Worker Case Manager from _____ Email Website

Friend Other _____

SUPPORT SERVICES ON CAMPUS

Are you currently receiving services from the following?

Services	Yes	No	Services Received	Notes
EOPS			ASIVC Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No Parking or Bus Pass (circle one): <input type="checkbox"/> Yes <input type="checkbox"/> No Book Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Services	Yes	No	Services Received	Notes
Veterans Center				
DSPS			Unit Reduction Appeal: <input type="checkbox"/> Yes How many units? _____	Must provide a copy to GS Counselor
Tutoring			Which subjects are you receiving tutoring for? _____ _____	
Student Equity Programs			Pride Scholars <input type="checkbox"/> Yes Dream Scholars <input type="checkbox"/> Yes Re-Entry Scholars <input type="checkbox"/> Yes	

HOUSING/TRANSPORTATION/EMPLOYMENT

Living Situation:

- Apartment Family Transitional Housing: _____ Homeless
 Foster Home Rec. SILP Other: _____

Mode of transportation: Car Bus Other: _____

Currently employed? Yes No If yes, how many hours per week? _____

Place of employment: _____

FINANCIAL RESOURCES

- FAFSA: Yes No Promise Grant (formerly BOGFW): Yes No
 John Burton Book Fund: No Not Eligible Yes/Received: _____
 Other sources of financial support: ILP Cal Fresh SSI
 Family/friend Other: _____

Chafee Grant: No Not Eligible Yes/Received: _____
 Orangewood Scholarship: No Not Eligible Yes/Received: _____
 Casey Family Scholarship: No Not Eligible Yes/Received: _____

STUDENT CONCERNS

Please check off any other areas you may want to discuss with the Guardian Scholars staff:

ACADEMIC	PERSONAL	ENVIRONMENTAL
<input type="checkbox"/> Concentration	<input type="checkbox"/> Emotional Concerns	<input type="checkbox"/> Housing/Shelter
<input type="checkbox"/> Test Anxiety	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Food Insecurity
<input type="checkbox"/> Time-Management	<input type="checkbox"/> Illness/Medical Problems	<input type="checkbox"/> Employment
<input type="checkbox"/> Motivation	<input type="checkbox"/> Healthy Relationships	<input type="checkbox"/> Transportation
<input type="checkbox"/> Goal Setting	<input type="checkbox"/> Other	<input type="checkbox"/> Other

OTHER:

***** OFFICE STAFF ONLY (Do not fill out) *****

Submitted Dependency/Ward of Court Letter: Yes No

Attended Guardian Scholars Orientation? Yes No

EOPS: Yes No

Financial Aid: Yes No Incomplete

Additional Notes:
