

PROGRAM QUESTIONNAIRE

14. PRIOR COLLEGE OR UNIVERSITY ATTENDED: *(Please provide transcripts of all colleges or universities attended).*

COLLEGE OR UNIVERSITY

DIPLOMA GRANTED/ UNITS COMPLETED

A. _____

A. _____

B. _____

B. _____

FAMILY INFORMATION

15. NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD? _____

A) SINGLE PERENT YES/ NO (CIRCLE ONE)

B) NUMBER OF CHILDREN _____

16. HIGHEST EDUCATION LEVEL COMPLETED:

MOTHER

FATHER

LESS THAN HIGH SCHOOL

LESS THAN HIGH SCHOOL

GED

GED

HIGH SCHOOL GRADUATE

HIGH SCHOOL GRADUATE

SOME COLLEGE

SOME COLLEGE

COLLEGE DEGREE (BA/BS)

COLLEGE DEGREE (BA/BS)

GRADUATE OR PROFESSIONAL DEGREE

GRADUATE OR PROFESSIONAL DEGREE

17. WHAT SERVICE(S) DO YOU NEED? *(Please check as many as you would like and add others for consideration.)*

JUST BECAUSE YOU HAVE CHECKED A CATEGORY BELOW DOES NOT MEAN WE CAN PROVIDE THOSE SERVICES.

WORK ACTIVITY

TUTORING SERVICES

CULTURAL EVENTS/ FIELD TRIPS

CHILD CARE REFERRAL

EDUCATIONAL WORKSHOPS

TRANSPORTATION REFERRAL

CAREER EXPLORATION

ACADEMIC/ RETENTION COUNSELING

FINANCIAL AID ASSISTANCE

JOB PREPARATION AND

OTHER (PLEASE LIST) _____

LIFE SKILLS SEMINARS

18. What is your estimated family taxable income for last year?

\$0-\$13,963

\$13,966-\$18,735

\$18,735-\$23,505

\$23,506-\$28,275

\$28,276-\$33,045

\$33,046-\$37,815

\$37,816-\$42,585

\$42,586-\$47,355

\$47,356 and higher

a) Did you apply for financial aid for the current school year? YES NO

b) What type of financial assistance are you receiving?

Scholarship

Grant

Loan

Veterans

Other

No Assistance

c) If you do not receive any financial aid, do you waive your right to apply for assistance? YES NO

d) Are you receiving SSI? YES NO

EMPLOYMENT HISTORY

19. ARE YOU CURRENTLY EMPLOYED? YES NO FULL-TIME ___ PART-TIME ___ HOURS PER WEEK ___

If yes, where are you working? _____

RECRUTMENT INFORMATION

20. ARE YOU A MEMBER OF ANY OTHER STUDENT SERVICES PROGRAM ON CAMPUS? (*Please check all that apply.*)

EOP&S/CARE DSPS ONE-STOP CENTER CALWORKS

21. HOW DID YOU HEAR ABOUT STUDENT SUPPORT SERVICES?

PROFESSOR ANOTHER STUDENT PRINTED MATERIAL ACADEMIC DEPARTMENT
 COUNSELING DEPT OTHER

22. I UNDERSTAND THAT TO BE STUDENT SUPPORT SERVICES (SSS) ELIGIBLE, I MUST ENROLL IN 6 OR MORE UNITS AND MAINTAIN A 2.0 G.P.A. (GRADE POINT AVERAGE) EACH SEMESTER. I MUST ATTEND AN SSS ORIENTATION AND AGREE TO FOLLOW THE SSS STUDENT CONTRACT. I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION.

STUDENT S SIGNATURE _____

DATE ____/____/____