



Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ TC Student ID Number: A _____

Mailing Address or Dorm Mailbox#: _____ City: _____ Zip Code: _____

Email Address: _____ @ _____ Telephone Number: () _____

Date of Birth: ____/____/____ Gender: Male Female Other

Marital Status: Single (never married) Married Separated Divorced Widow Other

Are you a foster youth? Yes No

California Resident: Yes No (Must be a California Resident for One Calendar Year)

Are you currently a Taft College Athlete: Yes No

Have either of your parents successfully completed a Bachelor's Degree? Yes No

Ethnic/Racial Background: Which of the following groups describe your race? (Choose one or more) Black/African American Hispanic/Latino White American Indian or Alaskan Native Native Hawaiian/Pacific Islander Asian Other (please specify): _____

Are you a CalWORKS, Cal Learn, AFDS, or TANF Recipient? Yes No Do you have children (check all that apply): 6 years old & younger between ages 7-14 15 years and older

If you are CalWORKS, what is your: case number # _____ case worker _____

Have you applied for financial aid or completed the Board Of Governors fee waiver (BOGW) application? Yes No

High School Diploma or G.E.D. Completed? Yes No Did you Graduate High School with a GPA of 2.50 or below? Yes No

When did you start or when do you plan to start your education at Taft College? (Semester/Year) _____ How many College/University units have you completed? _____ Did you complete a college degree or certificate? Yes No Have you attended another College or University prior to attending TC? Yes No (If Yes, please list the college(s) attended below) 1. _____ 2. _____ 3. _____

Are you a former EOPS student participant at Taft College? Yes No Were you a former EOPS participant at another college? Yes No

Certification: I certify that the information provided on this form is true and accurate to the best of my knowledge. I agree and understand that any falsification or misrepresentation of facts or information may be cause for rejection of the application and/or termination from the EOPS, CARE & CalWORKS Programs at Taft College.

Applicant Signature: _____ Date: _____

EOPS Staff Signature: _____ Date: _____