

PRE-APPLICATION: ELIGIBILITY

Participants in this program must meet certain eligibility criteria. The information on this pre-application is necessary to determine your eligibility and will remain confidential. Applicants for programs sponsored by the Workforce Investment Act (WIA) must meet certain eligibility criteria in order to qualify.

Name _____ Social Security No. _____

Street Address _____ City _____ Zip Code _____

Telephone No. () _____ E-mail _____

Date of Birth ____/____/____ Age ____ Gender: Male Female Citizenship: US Citizen Legal Resident

How many blood relatives live in your home? _____ Do you have children? YES NO Do you need child care? YES NO

EDUCATION:

Currently Attending School YES NO If YES, what school: _____

H.S. School Diploma/GED YES NO If YES, year received: _____ GPA: _____

Current grade 10 11 12 13 14 15 16

Community College(s) preferred: Santa Ana / Santiago Canyon / Fullerton Registered? YES NO Placement Test? YES NO

Will you be the first in your family to attend college? YES NO

EMPLOYMENT HISTORY:

Are you currently employed? YES NO NEVER WORKED

If yes, where (location, address, pay rate, hours/week)? _____

COMMUNITY/ENVIRONMENT:

I can recall any illegal/criminal/gang activity in your community (graffiti, shootings, gang raids, etc.)? YES NO

If yes, please describe _____

My housing situation is unstable (single-parent home, domestic violence, etc.)? YES NO

If yes, please describe _____

I know someone who is or has been in a gang (parent, friend, acquaintance, etc.)? YES NO

Please describe any barriers you may encounter on your path to college (low-income, lack of support/information, language, etc.):

CERTIFICATION:

By signing this Document, I certify that all the information on is correct to the best of my knowledge, and I acknowledge that such information is subject to verification. I acknowledge that my failure to provide necessary documents within a reasonable time period or falsification of the information shall be grounds for my termination of the CSUF-TPP program, and that I may be subject to prosecution under the law. I authorize the release of said information by local, State and/or Federal agencies to the CSUF-TPP program and its Partners a within one year of this date.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian/Responsible Adult _____ Date _____

