Yuba College Nursing Program

Application Supporting Documentation Form

Life Experiences or Special Circumstances form

*\*\*This page is required to be submitted with the application to document qualifying points\*\**

Applicant Name (Print): Yuba College Student I.D. #:

Mark (X) the Life Experiences or Special Circumstance and provide a brief description of how you meet the criteria:

\_\_\_ Disabilities

Brief description:

\_\_\_ Low family income

Brief description:

\_\_\_ First generation of your family to attend college

Brief description:

\_\_\_ Need to work

Brief description:

\_\_\_ Disadvantaged social or educational environment

Brief description:

\_\_\_ Difficult personal and family situations or circumstances

Brief description:

\_\_\_ Refugee or veteran status

Brief description:

Definitions:

1. Same meaning as used in Section 2626 of the Unemployment Insurance Code.
2. Measured in terms of a student’s eligibility for, or receipt of, financial aid under a program that may include, but is not necessarily limited to, a fee waiver from the Board of Governors, the Cal Grant Program, the federal Pell Grant program or CalWORKs.
3. You are the first person in your immediate family to attend college. In other words, neither of your parents has a college degree.
4. Applicant is working at least part time while completing academic work that is a prerequisite for admission to the nursing program.
5. Includes but is not limited to the status of a student who has participated in EOPS.
6. Difficult personal and family situations or circumstances
7. Refugee, active military, reserve, or veteran status. Applicant only, not to include veteran spouses or children.

**Signature**

Applicant Signature: Date:

I acknowledge, by my signature, that the information on this form is true and correct.