



PROSPECTIVE STUDENT INTEREST FORM STUDENT SUPPORT SERVICES PROGRAMS

NAME _____ COLLEGE ID _____
 ADDRESS _____ PERSONAL EMAIL _____

CITY STATE ZIP CELL NO. _____
 DATE OF BIRTH _____ AGE _____ HOME PHONE NO. _____
 GENDER : MALE _____ FEMALE _____

ETHNICITY (OPTIONAL) MARK ALL THAT APPLY

<input type="checkbox"/> AFRICAN AMERICAN/BLACK	<input type="checkbox"/> WHITE/CAUCASIAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE AMERICAN
<input type="checkbox"/> CENTRAL/SOUTH AMERICAN/LATINO	<input type="checkbox"/> PACIFIC ISLANDER/FILIPINO
<input type="checkbox"/> MEXICAN/MEXICAN-AMERICAN	<input type="checkbox"/> OTHER; INDICATE _____

STUDENT PRIMARY LANGUAGE (S) _____ PARENT/GUARDIAN PRIMARY LANGUAGE(S) _____

STUDENT MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> DOMESTIC PARTNERSHIP
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FAMILY SIZE (INCLUDE YOURSELF) _____ PREVIOUS YEAR FAMILY INCOME (ESTIMATED) _____

PARENT INFORMATION

Did either of your parents complete a Bachelors Degree or higher? YES NO DON'T KNOW

What level of education did your parent(s) complete?

<input type="checkbox"/> DOCTORATE OR PROFESSIONAL DEGREE	<input type="checkbox"/> MASTER'S DEGREE
<input type="checkbox"/> BACHELOR'S DEGREE	<input type="checkbox"/> ASSOCIATE DEGREE
<input type="checkbox"/> SOME COLLEGE	<input type="checkbox"/> HIGH SCHOOL GRADUATE/GED
<input type="checkbox"/> SOME HIGH SCHOOL	<input type="checkbox"/> OTHER(S) _____

HIGH SCHOOL INFORMATION

Are you a high school graduate? YES NO GED or Equivalent? YES NO

Name of High School _____ DREAMER? YES NO FOSTER YOUTH? YES NO

In high school, did you have an IEP? YES NO NOT SURE?

What was your high school grade point average (GPA)? (Required) _____

What was the highest level of Math you successfully completed? _____

STUDENT INFORMATION

What is your major, program of study? (Required) _____

Did you attend Yuba College or any other Community College: YES NO If Yes, where _____

College Units Completed As of Today: (Estimate) _____

EDUCATIONAL GOAL (CHECK ONE BELOW)

<input type="checkbox"/> Transfer without AA/AS Degree	<input type="checkbox"/> AA/AS Degree	<input type="checkbox"/> Certificate/License
<input type="checkbox"/> Transfer with AA/AS Degree	<input type="checkbox"/> AA-T/AS-T	<input type="checkbox"/> Basic Skills/Job Skills

Are you interested in obtaining information about Historically Black Colleges or Universities (HBCU)?

YES NO MAYBE

Are you planning to work while attending college? YES NO If yes, hours per week? _____

Have you completed the FAFSA for this academic Year? YES NO

I am interested in the following Student Support Services Programs at Yuba College:



Please make a brief statement about yourself. Indicate your educational and career goals and objectives, what type of work you would like to be doing five (5) years from now.

Empty box for student statement.

ALL INFORMATION must be completed in order for your interest to be reviewed.

SIGNATURE DATE

REVIEWER ONLY section with fields for A. Transcript, B. Ed Dis, C. XTS1 E, D. Not Eligible, E. Current Units, F. 70 or less, G. Income, H. Other, Specialist, CARE, BOG, Date Reviewed, FAMILY SIZE, CONTACTS.

OFFICE USE ONLY section with fields for Received Date, Y-Drive Entered Date, Date to Specialist, Puente, Umoja, EOPS, EOPS FYE, YC FYE, Emailed/Contacted Date.

Disclosure: Answering these questions is voluntary. The information will remain confidential and will be used to assist you in developing an educational plan that meets your academic goals. However, you understand that information may be used in a general format to report to program effectiveness, demographic of participants, and implementing changes within the program. Revised: 2/26/20