

Student Name: PC Student ID# @
(Last Name, Frist Name M.I.)

Mailing Address City: Zip Code:

Phone Number () Cell Phone Number ()

E-Mail Address: @email.portervillecollege.edu

Marital Status: Single Married Separated Divorced Widowed Other

Age Groups: Under 18 18-25 26-35 35+ **Gender:** Male Female

Ethnic Background:

- White/Caucasian Hispanic/Latino African American
- Native American Filipino/Pacific Islander Asian
- Decline to State Other

Is English Your Primary Language? Yes No

Are you a First Generation College Students? Yes No

Have you been a Foster Youth and are you under the age of 25? Yes No

Are you a former EOPS student at PC? Yes No

Were you a former EOPS student at another college(s) Yes No
(If yes, please list the college(s) attended below)

- 1. | 2. | 3.

When did you start your education at Porterville College? (Semester/ Year)

How many college/university units have you completed?

Have you completed a college certificate or degree? YES No

Have you attended another college or university prior to attending Porterville College? Yes No
(If yes, please list all of the college and universities previously attended below)

Educational Goals

- Transfer with AA/AS Degree Transfer without AA/AS Degree
- Certificate Vocational AA/AS Degree
- AA/AS Degree Other

***PLEASE REMEMBER TO COMPLETE THE BACK**

Cooperative Agencies Resources for Education (CARE Program)

Are you and/or your children currently receiving TANF/CalWORKs cash aid? Yes No
(If answer is No, skip to "Certification")

If yes, on what date did the TANF/CalWORKs aid begin? / /

Are you at least 18 years of age? Yes No

Are you Single Head of Household? Yes No

Are you a full time student at Porterville College? Yes No

Do you have a child less than 14 years of age? Yes No

If you answered "Yes" to all the above, please list all of the dependent children under your direct care below:

Full Name of Children	Age	Relationship to You
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Care Program Application Process

Student(s) interested in applying for the CARE Program must request a "CalWORKs/TANF Certification" form from the EOPS/CARE Office. A county Health and Human Services Agency representative needs to complete the form. Please submit the form to the EOPS/CARE Office prior to the established deadline. Please direct all questions and inquires by visiting the EOPS Office.

Certification: I hereby certify that all 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 the fact of information may be cause for rejection of this application and/or termination from the EOPS and CARE Program at Porterville College.

Applicant Signature: _____ Date: _____

Reviewed by Staff _____ (Initial) Date: _____