



# EOPS Guardian Scholars Program Supplemental Application

NAME: \_\_\_\_\_ Student ID: \_\_\_\_\_

Have you completed your Application for Financial Aid (FAFSA) or the Dream Act? Yes No

Have you completed your Application for the California Chafee Grant? Yes No

Do you receive extended foster care services with AB12 Yes No

What is your plan for housing while attending De Anza College?

Living with family

Living with roommate(s)

Not yet determined

Other

Please Explain: \_\_\_\_\_

Current Source of Financial Support (Please check all that apply):

County

Employment

Financial Aid

Chafee

AB12

Family

Other (Please Explain): \_\_\_\_\_

Other (Please Explain):

Please check next to any areas that might affect you in completing your educational goals:

Need Childcare

Mental Health

No Transportation

History of substance abuse or other addictions

Having Family Problems

Criminal Records

Need assistance getting food

Pregnant or parenting

Need help purchasing books/school supplies

Legal concerns (court date, probation, etc.)

Coping with a violent relationship

Lack of health care coverage

No close family members

Learning disability (IEP in high school)

Work Conflicts

Unemployment or Underemployment

Other: \_\_\_\_\_

None

Is there any other information you would like us to know about you or your situation?

Please list any support programs, learning communities, clubs, and/or activities you are also involved with at De Anza:

**Publicity Release:**

I certify that the staff may include my name and/or picture in publications and on the De Anza College website. The website highlights student accomplishments and participation on campus and EOPS/GSP activities. I understand that I will receive no monetary payment for the reproduction of these photographs.

Publications

De Anza Website

Social Media

All

None

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information:**

I authorize the Guardian Scholars Program (GSP) to obtain records of data pertinent to my participation from other campus departments and programs. The GSP staff also has my permission to communicate with other staff, faculty and emergency contact(s) on my behalf. I understand that I can remove the following emergency contact at any time.

I authorize the Guardian Scholars Program (GSP) to engage with the county to verify current or former foster youth status.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only

Date Submitted \_\_\_\_\_ Staff Initials \_\_\_\_\_ EOPS Eligible \_\_\_\_\_ GSP Eligible \_\_\_\_\_