

# Application & Intake Form

Program(s) Affiliated With:  CalWORKs  EOPS  CARE  TRiO College Readiness

Name: _____			MPC SID: _____ - _____ - _____		
Print (Last)		(First)	(MI)	Social Security No: _____ - _____ - _____	
Address: _____			_____		
Street, Apt. #)		(City)	(State)	(Zip Code)	
Phone No: (____) _____			Cell/Message: (____) _____		
Date of Birth: _____			E Mail Address: _____		
Have you ever enrolled in any school under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Marital Status: M S D W Currently enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>Ethnicity:</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino					
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____					

Do you have a high school diploma, GED or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No Last High School Attended: _____					
Year you left: _____		High School GPA: _____		Has your High School Transcript been provided to MPC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever attended MPC Before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, when did you attend? (Dates/Semesters): _____					
<b>NOTE: TRANSCRIPTS MUST BE PROVIDED!</b> Are they already at MPC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever attended any colleges besides MPC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list schools here? _____					
How many total units have you completed at all other colleges? _____					
Do you have an AA/AS Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a Bachelor's Degree <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did either of your parents earn a Bachelor's Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Are <u>both</u> of your parents Native English speakers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Goals: <input type="checkbox"/> Transfer without AA/AS <input type="checkbox"/> Transfer with AA/AS <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> Certificate of Achievement					
MAJOR: _____					

## **IF YOU ARE RECEIVING TANF (AFDC), PLEASE COMPLETE THE FOLLOWING INFORMATION!**

Who is your CWES worker? _____	Location: <input type="checkbox"/> Seaside <input type="checkbox"/> Salinas <input type="checkbox"/> King City
What is your case #? _____	Are you considered head of house hold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children's Name & Date of Birth	Is your child care provider on or off campus? <input type="checkbox"/> On <input type="checkbox"/> Off
_____	Name of Child Care Provider: _____
_____	Total number of hours your child (ren) will need while you are
_____	in school? _____
_____	Number of dependent children: _____
_____	How many dependent children receiving childcare? _____

ARE YOU A SUPPORTIVE SERVICE STUDENT?  Yes  No

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

Date \_\_\_\_\_