

Application & Intake Form

Program(s) Affiliated With: ___ CalWORKs ___ CARE ___ EOPS ___ TRiO: Student Support Services

Name: _____ SID: _____
(Print) (Last) (First) (M) SSN: _____

Address: _____
(Street, Apt. #) (City) (State) (Zip Code)

Phone Number: (_____) _____ Message: (_____) _____

Date of Birth: _____ E Mail Address: _____

Have you ever enrolled in any school under a different name? ___ Yes ___ No. If yes, please specify: _____

Gender: ___ Female ___ Male Marital Status: M S D W Currently enrolled: ___ Yes ___ No

Ethnicity: ___ American Indian or Alaskan ___ Asian ___ Black or African-American ___ Hispanic or Latino
___ White ___ Hawaiian or other Pacific Islander ___ More than one race reported
___ other _____

Do you have a high school diploma, GED or Equivalent? ___ Yes ___ No Last High School Attended: _____

Year you left _____ High School GPA: _____ High School Transcript provided to MPC ___ Yes ___ No

Have you ever attended MPC Before? ___ Yes ___ No ___ N/A If yes, when did you attend? Year: _____
Semester: ___ Fall ___ Winter ___ Spring ___ Summer

NOTE: TRANSCRIPTS MUST BE PROVIDED: Are they already at MPC? ___ Yes ___ No

Have you ever attended any colleges besides MPC? ___ Yes ___ No. If yes, list schools here? _____

How many unites have you completed at all other colleges? _____

Do you have an AA/AS Degree? ___ Yes ___ No Do you have a Bachelor's degree ___ Yes ___ No

Did either of your parents earn a Bachelor's Degree? ___ Yes ___ No Are both of your parents Native English speakers? ___ Yes ___ No

Educational Goals: ___ Transfer without AA/AS ___ Transfer with AA/AS ___ AA or AS Degree ___ Certificate of Achievement

MAJOR: _____

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

Who is your CWES worker? _____ Number of children needing childcare? _____

What is your case #? _____ Are you considered head of house hold? ___ Yes ___ No

Location: ___ Seaside ___ Salinas ___ King City Is your child care provider on or off campus? ___ On ___ Off

Children's Name & Date of Birth _____ Name of Child Care Provider: _____

_____ How many childcare hours will you children need while you are in school? _____

_____ Number of Dependent Children _____

Are you currently working? ___ Yes ___ No Number of dependent children needing child care _____

If yes, how many hours are you working per week? _____ Are you interested in Federal Work Study? ___ Yes ___ No

ARE YOU A SUPPORTIVE SERVICE STUDENT? ___ Yes ___ No

Student Signature

Date

Staff Signature

Date