Guardian Scholars Program

Name:  
ID#:  
Address:  
City:  
State:  
Zip Code:  
Phone (Home/Cell):  
Email:  
County of Care:  

Sex:  
□ Male  
□ Female  
Do you prefer to be contacted by email or text?  
□ Email  
□ Text  
□ Both  

Ethnic Background: (Please Select All that Apply)

- Asian
- Black/African American
- Filipino
- Hispanic/Latino
- Native American/Alaskan Native
- Pacific Islander
- White
- Multi-races
- Decline to State

Intended Major/Career Goal:  

□ First Year Student  
□ Continuing Student  
□ # of Units Completed

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

Have you applied for the California Chafee Grant?  
Yes  
No

Do you receive extended foster care services with AB12?  
Yes  
No

Were you involved with Independent Living Program?  
Yes  
No

If yes, what county?

Plan for housing while attending De Anza College:  

□ Living with family  
□ Living with roommate(s)  
□ Not yet determined  
□ Other
Current Source of Financial Support (Please check all that apply):

- County
- Employment
- Financial Aid
- Chafee
- AB12
- Family
- Other

Please put an “X” next to any areas that might affect you in completing your educational goals:

<table>
<thead>
<tr>
<th>Need Childcare</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Transportation</td>
<td>History of substance abuse or other addictions</td>
</tr>
<tr>
<td>Having Family Problems</td>
<td>Criminal Records</td>
</tr>
<tr>
<td>Need assistance getting food</td>
<td>Pregnant or parenting</td>
</tr>
<tr>
<td>Need help purchasing books/school supplies</td>
<td>Legal concerns (court date, probation, etc.)</td>
</tr>
<tr>
<td>Coping with a violent relationship</td>
<td>Lack of health care coverage</td>
</tr>
<tr>
<td>No close family members</td>
<td>Learning disability (IEP in high school)</td>
</tr>
<tr>
<td>Others:</td>
<td>None</td>
</tr>
</tbody>
</table>

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

________________________________________________________________________________________

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) below on my behalf. I understand that I can remove the following emergency contact at any time.

Please provide the names and contact of two emergency contacts (optional):

Name:  
Relationship:  
Phone:  
Email:  

Publicity Release:

I certify that the GSP staff may include my name and/or picture in the following forms and understand I will receive no monetary payment for the reproduction of these photographs:

- Publications
- De Anza College Website
- Social Media (Facebook, Instagram, & Twitter)
- All

Sign.  
Date.

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

For Office Use Only: Assessments: English Writing  
English Reading  
Math  
Submitted Proof of Wardship  
GSP  
GSP Associate  