

RE-ENTRY PROGRAM APPLICATION

In order to determine eligibility for an appointment, application must be filled out *completely*.

Student I.D.# _____
If unknown, enter Social Security No.

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone () _____ Message () _____

How did you hear about the Re-Entry/CalWORKs program? _____

Were you referred by someone? **Yes No** Name of the person who referred you: _____

Have you attended other colleges/universities? **Yes No**

If yes, Where _____ When _____

Where _____ When _____

Where _____ When _____

Have your official transcripts from other colleges been sent to GWC? **Yes No**

If yes, when _____

If you have not yet transferred your *official* transcripts from other colleges to GWC, please refer to the box at right.

Transcripts will be needed to **fully** evaluate this application and provide services.

- 1) Unofficial transcripts are acceptable for application review.
- 2) If accepted into the Re-Entry Program, official transcripts will be needed by the second (post-intake) appointment to complete the Student Educational Plan.

If you have already transferred your transcripts to Golden West College, please indicate so.

Were you previously enrolled at Golden West College? **Yes No**

If yes, when did you first begin taking classes? _____
(Year)

Are you currently attending Golden West College? **Yes No**

If yes, how many units are you enrolled in? _____

▪ Are you participating in EOPS (Extended Opportunity Programs & Services)? **Yes No**

▪ Have you applied for EOPS? **Yes No** If yes, when _____

▪ Do you have any disabilities that require special needs? **Yes No** If yes, please explain _____

▪ Have you applied for DSS (Disabled Students Services)? **Yes No** If yes, when _____

▪ Are you receiving Financial Aid services at Golden West College? **Yes No**

Have you met with a Golden West College counselor previously? **Yes** **No** If yes, when _____
Counselor's name: _____

Did the counselor develop a student educational plan (SEP)? **Yes** **No**

The information requested in the section below must be provided to process your application

Please check and provide information for **all** of the following that apply to you:

- Veteran
- Displaced Homemaker (divorced, widowed, or left unexpectedly with little or no income or skills)
- Single Parent with children under 18 years of age living with you
Please write number of children under 18 living with you: _____
- Career Transitional (check the one that applies to you)

- I am changing careers
- I am updating my skills

Please explain your career transitional situation in specific detail. _____

- I have an educational or career goal.

What is your educational or career goal? Please explain in detail. _____

- I do not have an educational or career goal.

How would individual counseling services assist you in reaching a goal? Please explain in detail. _____

I certify that this application is true and accurate.

Signature: _____

Date: _____

OFFICE USE ONLY

- Eligible
- Non-Eligible

Comments: