

**STUDENT INFORMATION**

Last Name:	First Name:	Preferred Nickname:
Student ID:	Date of Birth:	Today's Date:
Mailing Address:	Apartment/Unit#:	
City:	State:	Zip Code:
Birth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Home Phone: ( )	Cell/Message Phone: ( )
Gender Identity:		

**ACADEMIC INFORMATION**

Have you indicated Moreno Valley College as your home college?  Yes  No

Have you completed online orientation?  Yes  No      Have you completed your assessment tests?  Yes  No

Are you planning to transfer to a 4-year university?  Yes  No      If yes, what university?

What is your educational goal?  Certificate  AA/AS Degree  BA/BS Degree  MA/MS Degree  PhD  Other:

What is your academic major or interest(s) of study? If you are unsure, please put "undecided."

If you have a clear career goal, please explain it here:

Number of college units completed:      Cumulative Grade Point Average:      Years in College (circle one) 1 2 3 4+

**EMPLOYMENT & FAMILY**

Are you working while attending college?  Yes  No      What is your place of employment?

How many hours per week do you work?      Do you have children?  Yes  No      If so, how many?

**SUPPORT SERVICES**

Are you interested in receiving the following type of support at Moreno Valley College? (Please check all that apply)

<input type="checkbox"/> Disability Support Services	<input type="checkbox"/> EOPS/Care/NextUp	<input type="checkbox"/> CalWorks	<input type="checkbox"/> Veteran's Services
<input type="checkbox"/> First Year Experience	<input type="checkbox"/> Puente	<input type="checkbox"/> Umoja	<input type="checkbox"/> Book Funds
<input type="checkbox"/> Foster Youth Services	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Other

**EDUCATION**

Name of high school:      Last year of high school:

Do you have an IEP (Individualized Education Program)?

Graduation status:  High school diploma  Certificate of Proficiency  G.E.D  Non-graduate

Have you submitted your official high school transcripts to Moreno Valley College?  Yes  No

Have you ever attended any other College of University?  Yes  No      If yes, are your official transcripts on file?  Yes  No

Please list the name of the institution(s) and dates attended:

FAFSA Completed:  Yes  No      Chafee Application Completed:  Yes  No

**FOSTER CARE CONSIDERATIONS**

What is your current Foster Care status? <input type="checkbox"/> I am currently in foster care or extended care <input type="checkbox"/> I exited the foster care system between the ages of <input type="checkbox"/> 0-12 years <input type="checkbox"/> 13-15 years <input type="checkbox"/> 16-21 years <input type="checkbox"/> 22-26 years What county were you in foster care?	Are you currently in any of the following living programs? <input type="checkbox"/> Transitional Housing Program (i.e. Walden/Aspiranet) <input type="checkbox"/> THP+ <input type="checkbox"/> Supervised Independent Living Program or other ILP <input type="checkbox"/> None <input type="checkbox"/> Other:
Have you submitted ward of the court documentation to the Moreno Valley College Financial Aid Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in receiving or learning about the following resources? <input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Food <input type="checkbox"/> Health Care <input type="checkbox"/> Cell Phone

**DEMOGRAPHIC INFORMATION**

What is your ethnicity of origin? <input type="checkbox"/> Chicano/Latino/Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other:	Are you the first in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a participant with the Disability Support Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any additional information that you would like to share with us? If yes, please write below.	

**Office Use Only**

Application Submission Date: \_\_\_\_\_ Admission status:  Eligible (  Admitted  Waitlist ) /  Ineligible  Denied

Comments: \_\_\_\_\_

If Admitted Program Eligibility:  Guardian Scholar  EOPS  NextUp

Database entry date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



Please complete and return the following to the Guardian Scholars Office. Make sure to read all the directions carefully and complete each section of the application.

**If you need more information or assistance with this application, please contact:**

**Sylvia Livingston, Student Success Coach**

**Phone: (951)571-6110**

**Email: [sylvia.livingston@mvc.edu](mailto:sylvia.livingston@mvc.edu)**

**Parkside Complex (PSC) 17**

**Applications accepted on a continuous basis.**

# GUARDIAN SCHOLARS APPLICATION

LAST NAME:

FIRST NAME:

STUDENT ID#: