



GUARDIAN SCHOLARS PROGRAM INTAKE FORM
All information is confidential and only accessible to program staff

Date: _____

STUDENT INFORMATION

Name: _____ Student ID #: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
DOB: _____ Age: _____ Female: Male:
Cell Phone #: _____ Home Phone #: _____
Email: _____ Do you have children? Yes No
Currently in foster care or AB12? Yes No
County of jurisdiction: _____
Do you have a Ward of Court or Dependency Letter?: Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Contact #: _____

COLLEGE INFORMATION

Have you taken the assessment test?: Yes No Do you have an IEP? Yes No
What is your major? _____ Do you have an Education Plan? Yes No
Are you interested in: Associates Degree Certificate Transferring to a CSU or UC
FAFSA Completed: Yes No Chafee Application Completed: Yes No

HOUSING

Apartment Transitional Housing (THP): _____
 Foster Home Family Homeless Other _____

EMPLOYMENT

Are you currently employed? Yes No If yes, how many hours per week? _____
Place of employment: _____

OTHER INFORMATION

Is there any additional information that you would like to share with us?
