

APPLICATION FORM

Application Period: April 15 – June 1 Annually

Please Print

TODAY'S DATE:

LAST NAME	FIRST NAME				
HOME ADDRESS					
HOME or CELL PHONE	US CITIZEN	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	US LEGAL RESIDENT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
BIRTHDATE	ELIGIBLE FOR DREAM ACT	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	GENDER	M	<input type="checkbox"/>	F	<input type="checkbox"/>
EMAIL ADDRESS					
NAME OF CURRENT HIGH SCHOOL & ADDRESS					

PROPOSED COLLEGE OF ATTENDANCE (Please check one)	
<input type="checkbox"/> Cerritos College	<input type="checkbox"/> Los Angeles Southwest College
<input type="checkbox"/> Coastline Community College	<input type="checkbox"/> Los Angeles Trade-Tech College
<input type="checkbox"/> East Los Angeles College	<input type="checkbox"/> Los Angeles Valley College
<input type="checkbox"/> Glendale College	<input type="checkbox"/> Moorpark College
<input type="checkbox"/> Long Beach City College	<input type="checkbox"/> Oxnard College
<input type="checkbox"/> Los Angeles City College	<input type="checkbox"/> Pasadena City College
<input type="checkbox"/> Los Angeles Harbor College	<input type="checkbox"/> Santa Monica College
<input type="checkbox"/> Los Angeles Mission College	<input type="checkbox"/> Ventura College
<input type="checkbox"/> Los Angeles Pierce College	<input type="checkbox"/> West Los Angeles College

PARENT'S NAME (Mother/Father or both or Guardian)

APPLICANT'S SIGNATURE (I certify that all the information provided on this form is accurate.)

Please attach a resume, a transcript from 9th grade through the first semester of the senior year, and a letter of application (details reflected in the eligibility criteria).