

Victor Valley Community College

CalWORKs Office
18422 Bear Valley Road
Victorville CA 92395
(760) 245-4271, ext. 2592



2009 – 2010 APPLICATION

OFFICE USE ONLY		
Status: SIP <input type="checkbox"/>	CSCW: <input type="checkbox"/>	<input type="checkbox"/> Fall
Ed Plan: <input type="checkbox"/>	Cats: <input type="checkbox"/>	<input type="checkbox"/> Winter
Voc Ed: <input type="checkbox"/>	GW: <input type="checkbox"/>	<input type="checkbox"/> Spring
019 Rec'd: <input type="checkbox"/>		<input type="checkbox"/> Summer
Appt. date: _____		Academic Year: _____

PLEASE PRINT CLEARLY & USE BLACK INK ONLY

Last Name _____ First Name _____ M.I. _____
 Address _____ Apt. # _____ City _____
 Zip _____ + _____ Home Ph. # (_____) _____ Cell Ph. # (_____) _____
 Email address _____ Date of Birth ____/____/____ Male Female
 VVC Student I.D. # _____ Social Sec. # _____ Married Single Divorced

All Applicants MUST Complete This Section (Questions 1-13)

	Yes	No	
1. Have you taken a VVC Assessment Test?	<input type="checkbox"/>	<input type="checkbox"/>	11. Household Status: Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/>
2. Have you completed Math 50 and English 101 with a grade of "C" or better?	<input type="checkbox"/>	<input type="checkbox"/>	12. Are you exempt with GAIN? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you taken English as a Second Language (ESL)?	<input type="checkbox"/>	<input type="checkbox"/>	13. How many children are being aided? _____
4. Do you have a high school diploma/GED?	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____
5. Are you participating in EOPS?	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____
6. Are you participating in DSPS?	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____
7. Have you previously attended Victor Valley College? *If "yes", dates _____	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____
8. Are you transferring from another community college CalWORKs Program? *If "yes", write college name: _____	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____
9. Will you need Job Placement Assistance?	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____
10. Have you attended another accredited college/university?	<input type="checkbox"/>	<input type="checkbox"/>	Child's name: _____ DOB: _____

*If "yes", complete the next section:

Other Accredited Colleges/Universities attended

College/University _____ Dates attended _____
 College/University _____ Dates attended _____

**This section for SINGLE PARENTS ONLY
Please answer the following Questions 14 – 16**

	Yes	No	
14. Receiving Cash Aid?	<input type="checkbox"/>	<input type="checkbox"/>	If "YES" to Questions 14 – 16, refer to the EOPS/CARE office
15. Single head of household?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have children UNDER the age of 14?	<input type="checkbox"/>	<input type="checkbox"/>	

Financial Information

	Yes	No	
Have you completed the 2009-2010 FAFSA?	<input type="checkbox"/>	<input type="checkbox"/>	BOGG : Approved <input type="checkbox"/> Denied <input type="checkbox"/>
If No, you need to do so ASAP BEFORE this application.			PELL: Approved <input type="checkbox"/> Denied <input type="checkbox"/>

I certify that all information on this form is true and complete to the best of my knowledge. I understand that my application must be signed and dated, and any necessary documentation from the County worker must be submitted before applying to CalWORKs.

Student Signature _____

Date _____