

# 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				
EMAIL ADDRESS					
NAME OF CURRENT HIGH SCHOOL & ADDRESS					

PROPOSED COLLEGE OF ATTENDANCE (check box)	
<input type="checkbox"/> Cerritos College	<input type="checkbox"/> Los Angeles Trade-Tech College
<input type="checkbox"/> Coastline Community College	<input type="checkbox"/> Los Angeles Valley College
<input type="checkbox"/> Compton Center, El Camino College	<input type="checkbox"/> Moorpark College
<input type="checkbox"/> East Los Angeles 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
<input type="checkbox"/> Los Angeles Southwest 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, semester 1 senior year transcript and a letter of application, including all schooling information and additional information as outlined in the eligibility criteria.**