

DIABLO VALLEY COLLEGE

EOPS Summer Institute 2009

June 22, 2009 - July 30, 2009

INTEREST FORM

Directions: Complete all sections of this interest form in **dark blue or black ink**. Only complete interest forms including signatures will be accepted. After your interest form has been accepted, you will be contacted by the Summer Institute Coordinator. Please direct any questions you have to the EOPS Office, or to Lindsay Kong by phone at (925) 685-1230 ext. 2076 or by e-mail at lkong@dvc.edu. Office hours are Monday – Thursday 8:00am to 6:00pm, Friday 8:00am to 5:00pm.

Interest forms must be postmarked or delivered to the EOPS Office by Friday, May 22, 2009.

I. STUDENT INFORMATION

Full Legal Name: _____ Date of Birth: _____ / _____ / _____
(Last, First, Middle Initial) Month Date Year

Address: _____
Street Apt City Zip Code

Home Phone: () _____ Cell Phone: () _____ Gender: Male Female

Email: _____ Best way to contact you: Home Cell Email

II. CALIFORNIA RESIDENCY

Have you lived in California for more than 1 year? Yes No If no, when did you arrive in CA? _____ / _____
Month Year

III. EDUCATION

High School Graduation Status as of June 2009 (please check the one that best applies):

High School Diploma GED High School Proficiency Non-graduate, no longer in HS High School Senior High School Junior

Are you currently attending high school? Yes No If yes, indicate current grade level: 12th 11th 10th

Name of school graduated from or currently attending: _____

Did you take any basic skills high school courses in Math or English? Yes No Does either parent have a four-year college degree? Yes No

Parents' native language: English Spanish Other, please specify: _____

IV. HOUSEHOLD INCOME

Are you currently receiving monthly cash assistance for yourself or any dependents from the following?

(1) CalWORKs (formerly AFDC/TANF): Yes No (2) SSI/SSP: Yes No (3) General Assistance: Yes No

If you are a dependent student, is/are your parent(s) receiving any of the following as a primary source of income?

(1) CalWORKs (formerly AFDC/TANF): Yes No (2) SSI/SSP: Yes No (3) General Assistance: Yes No

Parents'/Legal Guardians' total 2008 taxable income: \$ _____ # of people in household, including yourself: _____

Are you a current, former, or emancipated foster youth? Yes No

V. EMERGENCY CONTACT

Emergency Contact (Full Name): _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____

VI. SIGNATURE OF UNDERSTANDING AND AGREEMENT

As the interested participant named above, my signature below indicates that the information given on this form is accurate and true.

Your Printed Name

Your Signature

Date

FOR INTERESTED PARTICIPANTS UNDER THE AGE OF 18, HIS/HER PARENT/LEGAL GUARDIAN MUST SIGN IN SPACE BELOW:

As the undersigned parent/legal guardian of the interested participant named above, I verify that the information given on this form is accurate and true, and I give consent for their participation in the EOPS Summer Institute.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date