[]Fall []Spring []Summer Year\_\_\_\_



## IF YOU HAVE COMPLETED 60+ DEGREE APPLICABLE UNITS, YOU ARE <u>NOT</u> ELIGIBLE.

City	Name Student ID: G00  Name used above is my: ( ) legal name OR ( ) preferred name				
1. MARITAL STATUS: ( ) Single ( ) Married ( ) Separated ( ) Divorced Gender: ( ) Male ( ) Female ( ) Nonbinary 2. ETHNICITY: ( ) White, not Hispanic ( ) Asian or Pacific Islander ( ) Native American or Alaskan Native ( ) African American ( ) Latina/o ( ) Filipino ( ) Other (Specify)				ZIP	
2. ETHNICITY: ( ) White, not Hispanic ( ) Asian or Pacific Islander ( ) Native American or Alaskan Native ( ) African American ( ) Latina/o ( ) Filipino ( ) Other (Specify)	Phone#_()_	Birthdate	//	nail:	
( ) African American ( ) Latina/o ( ) Filipino ( ) Other (Specify)	1. MARITAL STATU	JS: ( )Single ( )Married ( )Sepa	arated ( )Divorced <b>Gend</b>	er: ( )Male ( )Female ( )Nonbinary	
3. EDUCATIONAL HISTORY: () High School Diploma () GED () Non-Graduate Primary Language: Highest education level by mother Highest educational level by father  4. GAVILAN STATUS: () New Student () Continuing () Returning Last attended  5. EDUCATIONAL GOAL () Transfer without AA/AS degree () AA/AS degree () Certificate/License () Transfer with AA/AS degree () Job Skills () Undecided  Transfer institution: Major:  6. Have you attended other colleges? () Yes () No If yes, list name of college(s):  7. College Units Completed: Gavilan Collegeunits Other Colleges:units () Quarter () Semester  8. Have you applied for Financial Aid? () Yes () No If so, did you complete FAFSA () OR Dream Act ()  9. Are you participating in TRIO? () Yes () No or AEC (Disability Accommodations) () Yes () No  10. Number in household: Total Family Income: Date you began living in CA:  11. Are you a current or former foster youth? () Yes () No If yes, you may be eligible for additional services.  FOR CARE ELIGIBILITY ONLY:  Are you a single parent receiving Cash Aid with a child under 18 years of age? () Yes () No  If yes, please answer the following: Date you started receiving Cash Aid: Are you a participant of the CalWORKs Program? () Yes () No  Single parent, Head of Household? () Yes () No Are you and/or your children receiving Cash Aid? () Yes () No  Number of dependent children Age of youngest child Date of birth of youngest child	2. ETHNICITY: ( ) V	White, not Hispanic ( ) Asian (	or Pacific Islander ()Nati	ve American or Alaskan Native	
( ) High School Diploma ( ) GED ( ) Non-Graduate Primary Language:	()	African American ( ) Latina	a/o () Filipino () Otho	er (Specify)	
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	<u> </u>				
By signing, I certify that all information on this application is true and accurate to the best of my ability.					

Student Signature:\_\_\_\_\_\_ Date:\_\_\_\_\_



## Remind.com

The Gavilan EOPS Office uses Remind.com to send important updates and reminders. Your number will
automatically receive an invitation to subscribe to our group. When you receive the invitation you will be
able to reply YES to subscribe to receive text messages. If you do not wish to receive text messages from
our office reply NO. Initial:

## Publicity, Photo, and Quote Release Form

I hereby grant to Gavilan College and EOPS the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, quote, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the College or the District, or auxiliary organizations. I agree that Gavilan College and EOPS has complete ownership of such material and can use said material for any purpose consistent with the college mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, Web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc. I hereby release and discharge Gavilan College, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation. I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.\* This release shall be binding upon me, my heirs, legal representatives, and assigns. This agreement is being made and entered into under the laws of the State of California and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all of the parties to the agreement. Nama (Duintad)

Name (Printed):	Signature:		
Date:* If the person	n signing is under the age of 18, consent fro	om a parent or guardian is	
needed. I hereby certify that I am the	parent or legal guardian of	, named above	
and do hereby give my consent witho	out reservation to the foregoing on behalf o	of this individual.	
Parent/Guardian's Name (Printed)	):		
Parent/Guardian's Signature:	Date:		