



~ Program is for 1st time college freshmen ONLY ~

APPLICATION - Spring 2009

Name: _____ Gavilan ID #: G00 _____
 Address: _____ Phone: (_____) _____ - _____
 City: _____ Cell Phone: _____
 Zip Code: _____ Email: _____

*** Attach your high school transcript (must include senior year coursework.) ***

I would like to transfer to: _____ California State University _____ University of California
 _____ Private College/University _____ Not sure which system

Are you working while attending college? ___ Yes (# of hours per week _____) ___ No

Are you eligible for financial aid? ___ Yes ___ No ___ Don't Know

High School Graduate? ___ Yes ___ No ___ GED Year Graduated: _____

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Name of High School: _____ City: _____ State: _____
 Major: _____ Currently Undecided: _____

Please describe why you want to be part of the Transfer Institute: _____

For office use only	College Level: English 1A and Transfer Level Math:
Placement/Assessment Scores: _____ Reading	_____ Writing _____ Math

Intent to Register:

I agree to make a full commitment to the Transfer Institute. This commitment includes the following:

- Sign a Transfer Institute agreement by **February, 2009**.
- Meet with a counselor three times per semester.
- Participate in Transfer Institute activities.

Student Signature: _____ **Date:** _____



IMPORTANT, PLEASE RETURN TO:
Gavilan College Counseling Department
5055 Santa Teresa Blvd.
Gilroy, CA 95020

Program and Majors

Administration of Justice

Law Enforcement
Academy
Corrections

Allied Health

Registered Nursing
Vocational Nursing

Business

Accounting
Economics
General Business
General Office
Marketing/Management
Medical Office
Real Estate

Child Development & Education

Child Development & Education
Pre K-12 Special Ed Aide

Communication

Communications, General
Interpersonal Communication

Computer Graphics & Design

Computer Graphics & Design

Computer Science & Info Systems

Business Computer Applications
Hardware & Networking
Programming for the Internet
Comp Prep for Bioinformatics
Telecom Network Cabling
UNIX Operating System
Web Page Production

Fine and Performing Arts

Art, General
Fine Arts
Music, General
Theatre Arts
Technical Theatre
Television

General Educaiton Pattern

CSU - General Ed
IGETC - General Ed Transfer

Letters

English as a 2nd Language
Language Arts

Liberal Arts - A.A. Degree

Areas of Emphasis Include:
Administration of Justice
Business
Computer Science & Info Systems
Elementary Education
Expressive Arts

Language Arts & Humanities
Natural Science
Social Science

Media Arts

Digital Media
Media Arts

Sciences

Biological Science
Physical Science & Engineering
Mathematics
Physical Education
Education/Sports Medicine
Health Science

Social Sciences

Social Science, General

Spanish

Spanish

Technical Trades

Aviation Maintenance
Airframe
Powerplant
Cosmetology/Esthetician
Industrial Technology
Special Careers

Gavilan College

Office of Admissions and Records
5055 Santa Teresa Blvd Gilroy CA 95020
www.gavilan.edu
408 848 4735
fax 408 846 4940

Educational Support Services for Students with Disabilities

If you would like to be contacted regarding supportive services complete this form and return it to the Disability Resource Center or the Admissions and Records Office at Gavilan College. For more information on available services, contact the Disability Resource Center at 408 848 4865.

Name _____
Last
First
Middle

Address _____
Street

_____ Phone _____
City
State
Zip Code

Check any of the following that currently apply:

Hearing
 Head Injury
 Visual
 Speech
 Developmentally Delayed
 Learning Disabled
 Other Physical
 Psychological Impairment
 Mobility

METHOD B ENROLLMENT FEE WAIVER

10. **DEPENDENT STUDENT:** How many persons are in your parent(s)/RDP household? (Include yourself, your parent(s)/RDP, and anyone who lives with your parent(s)/RDP and receives more than 50% of their support from your parents/RDP), now and through June 30, 2009.) _____
11. **INDEPENDENT STUDENT:** How many persons are in your household? (Include yourself, your spouse/RDP, and anyone who lives with you and receives more than 50% of their support from you, now and through June 30, 2009.) _____

12. 2007 Income Information	DEPENDENT STUDENT: PARENT(S)/ RDP INCOME	INDEPENDENT STUDENT: STUDENT (& SPOUSE'S/ RDP) INCOME
a. Adjusted Gross Income (If 2007 U.S. Income Tax Return was filed, enter the amount from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4).	\$ _____	\$ _____
b. All other income (Include ALL money earned in 2007 that is not included in line (a) above (such as TANF benefits, disability, Social Security, child support).	\$ _____	\$ _____
TOTAL Income for 2007 (Sum of a + b)	\$ _____	\$ _____

The Financial Aid Office will review your income and let you know if you qualify for an ENROLLMENT FEE WAIVER under Method B. If you do not qualify using this simple method, you should file a FAFSA.

SPECIAL CLASSIFICATIONS ENROLLMENT FEE WAIVERS

13. Do you have certification from the CA Department of Veterans Affairs that you are eligible for a dependent's fee waiver? *Submit certification.* Yes No
14. Do you have certification from the National Guard Adjutant General that you are eligible for a dependent's fee waiver? *Submit certification.* Yes No
15. Are you eligible as a recipient of the Congressional Medal of Honor or as a child of a recipient? *Submit documentation from the Department of Veterans Affairs.* Yes No
16. Are you eligible as a dependent of a victim of the September 11, 2001 terrorist attack? *Submit documentation from the CA Victim Compensation and Government Claims Board.* Yes No
17. Are you eligible as a dependent of a deceased law enforcement/fire suppression personnel killed in the line of duty? *Submit documentation from the public agency employer of record.* Yes No

If you answered "Yes" to any of the questions from 13-17, you are eligible for an ENROLLMENT FEE WAIVER and perhaps other fee waivers or adjustments. Sign the Certification at the below. Contact the Financial Aid Office if you have questions.

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of this information, which may include a copy of my and my spouse/registered domestic partner and/or my parent's/registered domestic partner's 2007 U.S. Income Tax Return(s). I also realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my waiver. I authorize release of information regarding this application between the college, the college district, and the Chancellor's Office of the California Community Colleges.

Applicant's Signature _____ Date _____ Parent Signature (Dependent Students Only) _____ Date _____

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN may be used to verify your identity under record keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, you should ask the financial aid officer at your college for further information. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

FOR OFFICE USE ONLY

<input type="checkbox"/> BOGFW-A <input type="checkbox"/> TANF/CalWORKs <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSP	<input type="checkbox"/> BOGFW-B _____ <input type="checkbox"/> BOGFW-C	<input type="checkbox"/> Special Classification <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard Dep <input type="checkbox"/> Medal of Honor <input type="checkbox"/> 9/11 Dependent <input type="checkbox"/> Dep. of deceased law enforcement/fire personnel	RDP <input type="checkbox"/> Student <input type="checkbox"/> Parent	<input type="checkbox"/> Not eligible due to: <input type="checkbox"/> Non CA resident
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Certified by: _____ Date: _____

