



PROGRAM APPLICATION

**2017-2018**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grossmont College ID #: \_\_\_\_\_

Have you completed the 2017-2018 CA Dream Act Application? YES\_\_\_ NO\_\_\_

CA Dream Act Application ID#: 000-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Circle: Cell # Home #) If Cell #, do you receive texts? Yes / No

Date of Birth: \_\_\_\_\_ *Format: MM/DD/YYYY*

Email: \_\_\_\_\_

Major: \_\_\_\_\_

Best way to contact: CALL: \_\_\_ EMAIL: \_\_\_ TEXT: \_\_\_

Are you an AB 540 Student? YES\_\_\_ NO\_\_\_ (Are you a verified AB540 student?)

First generation college student: YES\_\_\_ NO\_\_\_



First semester of attendance at Grossmont: \_\_\_\_\_ (example: Fall 2017)

Check off participation: Financial Aid: \_\_\_ EOPS:\_\_\_ DSPS:\_\_\_ VETS:\_\_\_

Have you completed any courses at any other colleges (both in and out of CA)? YES\_\_\_ NO\_\_\_

Have you completed the Math Assessment? YES\_\_\_ NO\_\_\_ If YES, Math Level: \_\_\_\_\_

Have you completed the English Assessment? YES\_\_\_ NO\_\_\_ If YES, English Level: \_\_\_\_\_

Have you met with a counselor at Grossmont College? YES\_\_\_ NO\_\_\_

Have you completed an Educational Plan? YES\_\_\_ NO\_\_\_

I need information about / help with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

**DATE RECEIVED** \_\_\_\_\_

**CADA #** \_\_\_\_\_

**GPA: Cumulative** \_\_\_\_\_ **Spring 2017** \_\_\_\_\_

**Eligibility:**

- Enrolled in 6 units for Fall 2017**  
**Notes:** \_\_\_\_\_
- Verified AB540 student**  
**Notes:** \_\_\_\_\_
- Submitted 17-18 Dream Act application**  
**Notes:** \_\_\_\_\_