



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

**Race:**

<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____

**Household Total Gross Annual Income Before Taxes:**

<input type="checkbox"/> \$0 to \$21,257	<input type="checkbox"/> \$21,258 to \$28,694	<input type="checkbox"/> \$28,695 to \$36,131	<input type="checkbox"/> \$36,132 to \$43,568
<input type="checkbox"/> \$43,569 to \$51,005	<input type="checkbox"/> \$51,006 to \$58,442	<input type="checkbox"/> \$58,443 to \$65,879	<input type="checkbox"/> \$65,880 to \$73,316

**Number of Dependents:**  None  1  2  3  4  5  6  7  8  9+

**Primary Language:**

<input type="checkbox"/> English	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Lao	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Farsi
<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other: _____

**Student Type/Personal Status (check all that apply or leave blank):**

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Family Eligible for Medi-Cal	<input type="checkbox"/> TANF/CalWORKS Recipient	<input type="checkbox"/> Child/Grandchild in TCSOS	<input type="checkbox"/> Veteran	<input type="checkbox"/> Single Parent
<input type="checkbox"/> SSI Recipient	<input type="checkbox"/> Former TCSOS Student	<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Rehabilitation Client	<input type="checkbox"/> Disabled	<input type="checkbox"/> Basic Skills Deficiency
<input type="checkbox"/> Referred by Rehab. WIA Title 1	<input type="checkbox"/> Family receives energy assistance (LIHEAP)	<input type="checkbox"/> Child eligible for free/reduced school meals	<input type="checkbox"/> Receiving CA Training Benefits (EDD)	<input type="checkbox"/> Homeless	<input type="checkbox"/> Limited English Proficient
<input type="checkbox"/> Family has housing assistance (Section 8)	<input type="checkbox"/> Adult in foster care or aged out	<input type="checkbox"/> Referred by Bureau of Indian Affairs	<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Migrant	<input type="checkbox"/> Incarcerated

**WHAT ARE YOUR GOALS AFTER GRADUATION?**

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Office Use Only:  
 Student ID: \_\_\_\_\_  
 Entered Into System: \_\_\_\_\_