



## STUDENT SUPPORT SERVICES

300 Cherry Lane • Coalinga, CA 93210  
934-2356

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555 College Avenue • Lemoore, CA 93245  
925-3305

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1511 Ninth Street • Firebaugh, CA 93622  
934-2986



### **STUDENT APPLICATION**

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH YOUR APPLICATION AS SOON AS POSSIBLE. IF YOU HAVE ANY QUESTION PLEASE CALL:**

COALINGA: REYNA MORENO AT (559) 934-2355 OR 934-2356  
JUANA ZARAGOZA AT (559) 934-2321  
LEMOORE: MICHELLE DEOCHOA AT (559) 925-3305  
NORTH DISTRICT CENTER: JUAN RUBIO AT (559) 934-2986

### **Documentation Needed**

- 1. State ID, Driver License, or West Hills College ID**
- 2. Copy of Financial Aid Award letter (Pell Grant)**
- 3. Copy of all PREVIOUS COLLEGE Transcripts (if applicable) including, Work in Progress (IP)**
- 4. Math and English Placement Tests Scores**

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## STUDENT APPLICATION

### BIOGRAPHICAL INFORMATION

- Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_  
(Last Name) (First Name)
- Social Security Number: \_\_\_\_\_
- California I.D. #: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_  
(Street # or PO Box) (City) (State) (Zip Code)
- Home Phone #: \_\_\_\_\_ Message/Work #: \_\_\_\_\_
- E-mail: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
  - Gender:  Male  Female
- Ethnic Identity:  American Indian  Hispanic/Latino  
 Asian/Pacific Islander  White  
 African American/Black  Other \_\_\_\_\_  
Please Specify
- What is your native language? \_\_\_\_\_

### STUDENT EDUCATIONAL INFORMATION

- High school graduation or GED completion year: \_\_\_\_\_
  - Name of high school: \_\_\_\_\_ GPA \_\_\_\_\_
  - Colleges/Universities attended:  
\_\_\_\_\_  
(Dates) (GPA)  
\_\_\_\_\_  
(Dates) (GPA)
  - Year in college:  Freshman  Sophomore
  - English Placement taken?  YES  NO Date taken: \_\_\_\_\_
- Major: \_\_\_\_\_
- Educational Goal: \_\_\_\_\_
- Career Interest \_\_\_\_\_
- How did you find out about the Student Support Services Program? \_\_\_\_\_

15. Have you applied for or participated in the following programs? Please check ***all*** that apply:

- EOP&S** (Extended Opportunities Program & Services)
- BRIDGE**/Learning Communities
- DSPS** (Disabled Students Program & Services)
- OTHER** \_\_\_\_\_

(Please List)

**PLEASE COMPLETE THE FOLLOWING INFORMATION. ALL ANSWERS ARE CONFIDENTIAL AND REPORTED AS DATA FOR PROGRAM DOCUMENT PURPOSES ONLY.**

16. Which of your parents graduated from a four-year college or university in the United States?

- Mother**                       **Father**                       **Neither**

17. a. Do you have or have you ever been tested for a disability?       **YES**       **NO**  
 If yes, please describe: \_\_\_\_\_

b. Have you ever been assessed for a learning disability?       **YES**       **NO**  
 If yes, please describe: \_\_\_\_\_

18. a. Did your parents claim you on last year's income tax?       **YES**       **NO**

**-OR-**

b. Are you ***independent*** from your parents?       **YES**       **NO**

c. Family Size: \_\_\_\_\_

d. Current Taxable Yearly Income - **(PLEASE CHECK ONE)**

<input type="checkbox"/> \$ 0 - \$12,885	<input type="checkbox"/> \$ 12,886 - \$ 17,415	<input type="checkbox"/> \$ 17,416 - \$ 21,945
<input type="checkbox"/> \$ 21,946 - \$ 26,475	<input type="checkbox"/> \$ 25,476 - \$ 31,005	<input type="checkbox"/> \$ 31,006 - \$ 35,535
<input type="checkbox"/> \$ 35,536 - \$ 40,065		<input type="checkbox"/> \$ 40,066 - \$ 44,595

**RESIDENCY STATUS**

19. CITIZENSHIP:       U.S. Citizen  
                                   Permanent Resident – Alien Registration # \_\_\_\_\_  
                                   Other (**Specify**) \_\_\_\_\_

What language is spoken in your home? \_\_\_\_\_

Do you have trouble in your classes because of your language background?       **YES**       **NO**

**FINANCIAL STATUS**

20. a. Did you file a **FAFSA** (Free Application for Federal Student Aid) for the most recent academic year?

- YES**                       **NO \***

b. If **NO**, please explain why? \_\_\_\_\_

21. a. Are you receiving Financial Aid?       **YES**       **NO \***

b. If **YES**, do you know which types? \_\_\_\_\_



# Student Support Services

## 2007 Income Certification

Student Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student ID Number \_\_\_\_\_

1. (  ) Attached is a signed photocopy of my/our 2007 Federal Income Tax Return, including all schedules and attachments.
2. (  ) I/We did not file, and are not required to file, 2007 Federal Income Tax return.
3. List below all of the sources and amounts of money received from January 2007 through December 2007. Include untaxed income (e.g., Cash Aid, SSI, Military living allowance) and earnings not reported on a Federal or State Income Tax return.

Source of Money	Annual Amount
_____	_____
_____	_____
_____	_____
<b>Total \$</b> _____	

4. Explain special circumstances concerning you financial situation: (You may attach a separate sheet if additional space is needed.)

\_\_\_\_\_

\_\_\_\_\_

5. I/We hereby certify that all information reported on this form and any attachments hereto is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

### Signatures are required for all persons reporting income above.

\_\_\_\_\_  
Signature (student/father/mother)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature (spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\* All Financial Aid information will be verified with the Financial Aid Office.

Date of SSS Application  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Documentation Completed  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID # \_\_\_\_\_

## STUDENT SUPPORT SERVICES

NAME \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

COPY \_\_\_\_\_

DRIVERS LICENSE/ID # \_\_\_\_\_

COPY \_\_\_\_\_

CITIZENSHIP YES \_\_\_\_ NO \_\_\_\_

Alien Registration # \_\_\_\_\_

COPY \_\_\_\_\_

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### OFFICE USE BELOW THIS LINE

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ELIGIBILITY FG \_\_\_\_ LI \_\_\_\_ D \_\_\_\_

#### WHC PLACEMENT SCORES:

English: Reading \_\_\_\_\_ English: Writing \_\_\_\_\_ Math \_\_\_\_\_ Math \_\_\_\_\_

#### SAT I SCORES:

English \_\_\_\_\_ Math \_\_\_\_\_

#### SAT II SCORES:

English \_\_\_\_\_ Math \_\_\_\_\_ History \_\_\_\_\_

Science \_\_\_\_\_ Languages \_\_\_\_\_

#### DATE SEP COMPLETED/UPDATED:

\_\_\_\_/\_\_\_\_/\_\_\_\_

#### DATE OF SEMESTER REVIEW:

\_\_\_\_/\_\_\_\_/\_\_\_\_

First enrolled at WHC: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last semester attended \_\_\_\_/\_\_\_\_/\_\_\_\_

PLANS AFTER LEAVING WHC: \_\_\_\_\_

Work/Employment \_\_\_\_\_ Job Title \_\_\_\_\_

Transfer/4 yr University \_\_\_\_\_

Other \_\_\_\_\_