

COMPLETE THIS SECTION

STUDENT INFORMATION STUDENT ID# _____

Name _____

Address: _____

Mailing Address

Address: _____

City State Zip

Home Phone: _____ Cell Phone: _____



Office Use Only

SAP Status: (Circle One)

New: Satisfactory:

Probation: 75%, GPA, or both

Disqualified: 75%, GPA, or both

Disqualified: 90 + units, and or AA/AS-Vocational Degree

Educational Background

Do you have a High School diploma? Yes No

Do you have a GED? Yes No

Will you enroll in courses at another college while attending WHC during 2009-2010? Yes No

Did you receive financial aid at WHC during the 2008-2009 award year? Yes No

Have you previously attended any other colleges or vocational schools? *List below* Yes No

Have you received a certificate from any college, vocational school or university? Yes No

Yes No

Name of College/Vocational School City State Certificate/Graduated (circle one)

Yes No

Name of College/Vocational School City State Certificate/Graduated (circle one)

Educational Goal:

Academic Major: _____ Anticipated Graduation Date: _____

It is required to declare a major

Concurrent Enrollment:

Are you currently receiving federal financial aid at another college, university, or private vocational school?

Yes No

Other Resources:

Will you receive educational benefits in the 2009-2010 school year from: *(please answer each item in this section)*

JTPA (Job Training Participation Act) Yes No CalWORKs Yes No

Scholarships/Other Outside aid Yes No Veteran's Educational Benefits Yes No

Important Facts

There are separate applications for the following programs:

Work-study (all types), EOPS, CARE, CalWORKs, OSB, DSPS and CAMP. Please visit the appropriate office for further details.

Stafford Loans require entrance counseling and a separate application. During peak processing periods, loan processing and work-study has a lower priority. Loans are disbursed no sooner than 30 days for first time borrowers after the start of the semester.

For Military Students: (Please check only one)

I am: Active Duty _____ Dependent: _____ Military spouse: _____

Rank: _____ Location: _____ Military Branch: _____

By signing this form, I certify that all the information reported is complete and correct.

Student Signature

Today's Date

Phone Number

Staff Signature

New
Returning

Date

Entered By