

### CIDream Application

In order to determine your eligibility to participate in our CIDream program, please answer both sides of the form completely. **Please use ink and print clearly.** Please return the completed form immediately to Bldg C. Room 45A. If you have questions, please call the Office at (805) 834-1457 or Dr. Maria Elena Cruz at (818) 631.4557.

Student's Name: \_\_\_\_\_ Your cell number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sex: Male  Female  Ethnicity: \_\_\_\_\_ Birthday: \_\_\_\_\_

U.S. Citizen?  Yes Social Security # \_\_\_\_\_

No If no, are you a Permanent Resident, DACA? \_\_\_\_\_

Grade Level:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

How did you find out about the CIDream Program?

Raiders Live  In Class (teacher name)  Referral(Name): \_\_\_\_\_

#### Mother/Guardian

#### Father/Guardian

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

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

Home/Cell # \_\_\_\_\_

Home/Cell # \_\_\_\_\_

Employment: \_\_\_\_\_

Employment: \_\_\_\_\_

**Highest grade level completed**  
**(check all that apply):**

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**(check all that apply):**

Did not complete high school \_\_\_\_\_  
 Graduated from high school \_\_\_\_\_  
 Graduated from a Trade Technical \_\_\_\_\_  
 Graduated from a Junior College \_\_\_\_\_  
 Graduated from a 4-year University \_\_\_\_\_

Did not complete high school \_\_\_\_\_  
 Graduated from high school \_\_\_\_\_  
 Graduated from a Trade Technical \_\_\_\_\_  
 Graduated from a Junior College \_\_\_\_\_  
 Graduated from a 4-year University \_\_\_\_\_

If graduated from college was it in the U.S.

Yes  No

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Yes  No

If YES, which degree?  AA  BA/BS  MA/MS/PhD

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#### **Family Size and Income Information (To be completed by the parent/guardian)**

Number of family members/dependents living in household (including yourself) \_\_\_\_\_

If filed a 2016 1040 Federal Income Tax Form, please indicate your **Taxable Income** (line 43): \$ \_\_\_\_\_

Is your student getting Free or Reduced Lunch? Yes No

Is your family receiving public assistance Yes No

If yes, which ones (TANF, Social Security, Disability, Cal-Works, AFDC): \_\_\_\_\_

*Maximum Income Eligibility Info (unit size-taxable income): 1 - \$18,090 | 2 - \$24,360 | 3 - \$30,630 | 4 - \$36,900 | 5 - \$43,170 | 6 - \$49,440 | 7 - \$55,710 | 8 - \$61,980 | for family units with more than 8 members add \$6,270 for each additional member.*

**Certification:**

***We certify that the responses on this form are accurate and complete to the best of our knowledge and that any misrepresentation may be cause for denial or cancellation of admission.***

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**STUDENT SELF ASSESSMENT (MUST BE COMPLETED BY THE STUDENT)**

1. What are your educational goals?

- \_\_\_\_\_ High School Diploma
- \_\_\_\_\_ GED
- \_\_\_\_\_ Vocational/Technical Certificate
- \_\_\_\_\_ Associate's Degree
- \_\_\_\_\_ Bachelor's degree from a public/private college/university
- \_\_\_\_\_ Master's or PhD from a public/private college/university

2. What kind of career would you like to pursue?

3. Do you know what type of classes to take in high school in order to prepare for college?

YES

NO

4. Are you enrolled in ESL classes?

YES

NO

5. What are your favorite classes?

6. In what classes do you need help?

7. What colleges or universities are you interested in attending (Provide 3 names)?

