



Application

The following application must be complete. Please do not leave any blanks. If a question cannot be answered, please put N/A in the box. We are committed to honoring the privacy of our applicants. The information provided by the applicant will be used solely for evaluation purposes by only Guardian Scholars Program Staff. **DISCLAIMER:** Acceptance to Guardian Scholars does not guarantee admission to Sacramento State.

NAME (First): _____ (M.I.): ____ (Last): _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE (Home): _____ (Cell): _____ EMAIL: _____

SOC. SEC. #: _____ AGE: _____ DOB: _____

School currently attending (Name, City, State):

Have you been admitted to Sac State? YES NO

Have you submitted the online Intent to Register? YES NO

EOP Application submitted? YES NO Were you admitted? YES NO

Do you plan to participate in Summer Bridge? YES NO

Have you completed your FAFSA for the upcoming academic school year? YES NO

Have you received your financial aid offer letter from Sac State? YES NO

Class level at time of planned enrollment: Incoming First Year Transfer Other

County of Origin: Sacramento Yolo Placer El Dorado Other: _____

Were you involved with the Independent Living Skills Program? YES NO

If yes, which one? _____

Total years spent in foster care: _____

Were you eligible for foster care between your 16th and 18th birthday? YES NO

Current living situation:

Foster Home Group Home Relative Residential Facility Apartment Other

Plan for housing while attending Sac State:

On-Campus Off-Campus with Family/Friend Not yet determined

Current source of financial support (check all that apply):

Foster Family/Group Home Employment Chafee Financial Aid Other

Average hours worked per week: _____ (enter "0" if unemployed)

Current Medical coverage:

Medi-cal Sac State Private Health Insurance Other

How did you learn about this program?

ILSP Foster Family Relative Social Worker Sac State Staff Other

Current Barriers to Academic Success or Employment

Your goals are important to us and we want to do everything we can to help you achieve them. Help us by letting us know if there is anything that might hinder your success here at Sacramento State.

Please put an **X** next to any areas that might affect you:

<input type="checkbox"/>	Need Child Care	<input type="checkbox"/>	Anger Problems
<input type="checkbox"/>	No transportation	<input type="checkbox"/>	Mental or Emotional Health issues
<input type="checkbox"/>	Having family problems	<input type="checkbox"/>	History of substance abuse
<input type="checkbox"/>	No place to live/homeless	<input type="checkbox"/>	Criminal Record
<input type="checkbox"/>	Need help getting food	<input type="checkbox"/>	Pregnant or parenting youth
<input type="checkbox"/>	Need help purchasing books/supplies	<input type="checkbox"/>	Legal problems (court date, probation, etc.)
<input type="checkbox"/>	Coping with a violent relationship	<input type="checkbox"/>	Self-esteem
<input type="checkbox"/>	No close family members	<input type="checkbox"/>	Other:

Please list any agencies, churches or organization where you are receiving services:

Emergency Contacts

Please provide the names of two references that can be contacted on your behalf:

NAME: _____ Relationship: _____ Phone: _____

NAME: _____ Relationship: _____ Phone: _____

You may hand-deliver your completed application and support materials to the Guardian Scholars Office or you may mail your completed application to:

California State University, Sacramento
Guardian Scholars Program
6000 J Street, Sacramento Hall 259 D
Sacramento, CA 95819-6016