

2017-2018



FINANCIAL AID SUPPLEMENTAL INFORMATION FORM

California Dream Act Application

NAME _____ MALE FEMALE

STUDENT ID# _____ PREVIOUS NAME: _____
STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE _____ Alternate phone#: _____

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA or G.E.D.? NO YES YEAR: _____

HIGH SCHOOL _____ CITY _____ STATE/COUNTRY _____

Answer only if you graduated in 2006 or after: Did you pass the California High School Exit Exam (CAHSEE)? NO YES

Students may never receive financial aid payments at 2 different colleges for the same time period. Will you be/were you enrolled at any other college between June 1, 2017 - May 30, 2018? NO YES

IF YES, NAME OF COLLEGE ATTENDED: _____ WHICH TERM(S) ATTENDED:
 SUMMER 2017 FALL 2017
 SPRING 2018

Do you have a prior Bachelor's Degree from a college or university in the U.S. or from any other country?
 NO YES

CURRENT EDUCATIONAL GOAL: Check the statement which best describes your current reason for attending Las Positas College

AA/AS/CERTIFICATE I want to complete a Certificate Program
 I want to complete an A.A. or A.S Degree

TRANSFER I plan to complete transfer requirements & transfer to a four-year college for a Bachelor's Degree.

NO ACADEMIC PROGRAM I want to improve my skills in English (ESL classes) but I'm not really pursuing a degree or certificate
 I want to brush up on some skills or take some classes for my own personal growth but I'm not really pursuing a degree or certificate.

DO YOU INTEND TO RECEIVE CREDIT AT LAS POSITAS FOR COURSES TAKEN AT OTHER COLLEGES? NO YES
If 'YES', LIST BELOW ALL PREVIOUS COLLEGES FOR WHICH YOU INTEND TO RECEIVE CREDIT TOWARD YOUR MAJOR AT LPC.
(Official transcripts must be forwarded to LPC immediately and a TRANSCRIPT EVALUATION FORM completed & submitted to Admissions in Building 1600)

Name of previous college	City/State	Have you requested Official transcript?

I hereby authorize Chabot/Las Positas Community College District to deduct from my 2016-2017 Financial Aid refunds any outstanding debts owed to the college or district. **I understand that if I do not authorize deductions, my financial aid payment may be held until my outstanding debts are paid.**

Student's Signature Date

I certify that all the information which I have provided on this form is true, complete, and accurate, to the best of my knowledge. I hereby authorize the release of academic records as may be required to determine my eligibility

Student's Signature Date