



Shasta College Cooperative Agencies Resources for Education – Application  
 11555 Old Oregon Trail ♦ Redding, CA 96003 ♦ (530) 242-7540 ♦ Fax (530) 225-4926

<b>Name:</b>	<b>Student ID:</b>	
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>	

1. Are you a CURRENT EOPS Student?  
 Yes     No
  
2. Are you currently receiving Cash Aid from the Department of Social Services?  
 Yes     No  
 If yes, how long:     Less than 1 year     1-2 years     2-3 years     More than 3 years
  
3. Do you have a child(ren) under 14 years old receiving Cash Aid from the Department of Social Services?  
 Yes     No  
 If yes, how long:     Less than 1 year     1-2 years     2-3 years     More than 3 years
  
4. Are you currently (or will be) participating in the CalWORKs Program?  Yes     No
  
5. What is your marital status?  
 Single     Married     Legally Separated     Divorced     Widowed
  
6. Dependent Children

FIRST NAME	LAST NAME	AGE	DOB

7. How many units are you currently enrolled or planning to enroll in? \_\_\_\_\_
8. What is your major? \_\_\_\_\_
9. Are you receiving childcare assistance from Head Start, Early Childhood Education, Shasta Co. Office of Education, Department of Social Services, or any other programs?  
 Yes     No    If yes, from whom? \_\_\_\_\_

<b>READ</b>	<p>I hereby affirm; that all information on this form is true and complete to the best of my knowledge. I also realize that any false statement may be cause for denial, reductions, withdrawal, and/or repayment of any monetary services (including books) I may receive from my CARE grants. I further understand that completing this application does not guarantee approval in the CARE program. I authorize release of information regarding this application between the College, the College District, the Chancellor’s Office, Shasta/Tehama/ Trinity Department of Social Services, Shasta County Office of Education and Early Head Start.</p>
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\_\_\_\_\_  
 Applicant’s Signature

\_\_\_\_\_  
 Date

<b>For Office Use Only:</b>	Approved for Fall _____ Spring _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Units Enrolled _____    Part-Time Waiver Needed Yes <input type="checkbox"/> No <input type="checkbox"/>
Denied – Reason _____	Staff Signature _____ Date _____