



Toro Guardian Scholars Program Application

Please read the application thoroughly and answer all questions. Incomplete applications cannot be processed. Please submit your completed application to the Toro Guardian Scholars office located at Welch Hall D 350. If you have any questions, please contact the Toro Guardian Scholars Office at 310-243-2106.

Section One: Applicant Information				
First Name:	Middle Initial: Las	t Name:		
Student ID Number:				
Home Address: NUMBER AND STREET/APT. NO	CITY	STATE	ZIP CODE	
CSUDH Housing Address: (IF APPLICABLE) NUMBER AND STREET/APT. NO	CITY	STATE	ZIP CODE	
Home Telephone:				
CSUDH Email:	Alternate Em	ail:		
Date of Birth:	Do you have	children? Yes N	o	
What is your gender? Male Female. Prefer to self-describe.		ender. Prefer not to sa	ıy	
Section Two: Ethnicity				
American Indian or Alaskan Native	Caucasian (No	ot of Hispanic/Latino Decent)		
Asian/Asian American	Hispanic/Latin	ic/Latino		
Black/African America	More than one	e group reported		
Hawaiian/Pacific Islander				
Section Three: Academics				
Present Semester: Fall Spring	Summer Year:			
CSUDH Class Standing: Freshman S	ophomore Uunior	Senior		

Section Three: Academics (Continued) Are you in any of the following programs at CSUDH? ETE \square Yes \square No $SSS \square Yes \square No$ EOP Yes No High School/College currently attending (or from which you graduated): Date of Graduation: Yes No If yes, name the previous institution: Transfer Student? List any other colleges or universities you have attended: Have you participated in any of the following programs? Please check below: CAFYES EOPS Foster Youth Achievement Program UFC (United Friends of the Children) ILP (Independent Living Program) Freshman Only What High School did you attend? (Name and City) Section Four: Foster Care Experience: Social Worker: CITY Contact #: Independent Living Program (ILP) Coordinator:______ Contact #: _____ Age entered into Total number Are You AB-12 Eligible: of placements to date: Are You AB-12 Eligible: Yes No Not Sure Foster care system: If so, what month and year:_____ Are you emancipated: □Yes □No Were you placed in Kinship Care: If so, at what age did you enter: ☐ Yes \square No Total time spent in foster care:

Year(s) Month(s) Number of schools attended while in foster care: Elementary Middle School High School Community College Current Living Arrangement: ☐Foster Home Group Home Relative Residential Facility Other: Preferred Living Arrangement: □On Campus □ Off Campus Relative Other: **Emergency Contact:** Name: ______ Relationship to you: _____ Phone: _____ Section Five: Disability Status: □Yes □ No 1. Do you have a disability? If you have a disability, please indicate the nature of your disability: □Yes □No 2. Do you receive supplemental income due to your disability? Section Six: Financial Status: What are your sources of income (please check all that apply) Financial Aid __Employment CHAFEE Grant Grants Scholarships AB-12 Stipend Section Seven: Applicant Signature

By signing, you are indicating that all of the information contained within this application is complete and correct to the best of your knowledge.

Date: Applicant signature:

^{*}Statement of Confidentiality: The information contained in this application is for the purpose of determining the applicant's eligibility for the Toro Guardian Scholars Program. All information received is confidential.