

# Golden West College Application

15744 Golden West Street, P.O. Box 2710, Huntington Beach, CA 92647-2710

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK

### THIS APPLICATION IS FOR THE:

- Fall
- Winter Intersession
- Spring
- Summer
- Summer and Fall

### I AM A:

- New Student to Golden West
- Returning Student to Golden West

### 1. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

The social security number is required for Financial Aid recipients, to generate a 1098T form for the Hope Tax Credit and to expedite student requests to transfer official school documents. You are not required to submit it for any other reason. All students will be issued a student identification number for use within the Coast Community College District.

### 2. NAME:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

### 4. BIRTHDATE:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

5.  MALE  FEMALE

### 3.

\_\_\_\_\_ List Prior Last Names Used

### OFFICE USE ONLY

ID \_\_\_\_\_

### 6. CURRENT ADDRESS OF RESIDENCE:

\_\_\_\_\_ Number & Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ ( ) - \_\_\_\_\_ Area Code Day Phone

IF UNDER 19, PARENTS CURRENT ADDRESS:

( ) - \_\_\_\_\_ Area Code Evening Phone

\_\_\_\_\_ Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mo/Yr to Mo/Yr

### 7. MAILING ADDRESS:

(If different from residence) \_\_\_\_\_ Number & Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### 8. WHEN DID YOUR PRESENT STAY IN CALIFORNIA BEGIN?

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Month Day Year

If Less Than 2 Years, List Previous Address and Dates for Those 2 Years

\_\_\_\_\_ Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mo/Yr to Mo/Yr

\_\_\_\_\_ Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Mo/Yr to Mo/Yr

HAVE YOU AT ANY TIME IN THE PAST TWO YEARS (OR IF YOU ARE UNDER 19, YOUR PARENTS):

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | NO                       | YES                      |                          |
| Registered to vote in a state <b>other than</b> California?                     | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what year? _____ |
| Petitioned for divorce in a state <b>other than</b> California?                 | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what year? _____ |
| Attended an out of state institution as a resident of that <b>other state</b> ? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what year? _____ |
| Declared nonresidence for California state income tax purposes?                 | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what year? _____ |

### 9. BIRTHPLACE:

\_\_\_\_\_ City \_\_\_\_\_ State

### 10. MARK ANY WHO ARE IN THE ACTIVE MILITARY:

- Yourself
- Your Spouse (SMD)
- Your Parent (FMD)

### 11. ARE YOU A SINGLE PARENT WITH DEPENDENT CHILDREN?

YES  NO

### OFFICE USE ONLY

RC \_\_\_\_\_

### 12. CITIZENSHIP STATUS (Check one):

Non U.S. Citizens are required to verify status

- |   |  |   |  |
|---|--|---|--|
| 1 <input type="checkbox"/> U.S. Citizen               | 2 <input type="checkbox"/> Permanent Resident        | 4 <input type="checkbox"/> Refugee/Asylee | 6 <input type="checkbox"/> Other Visa _____ Type |
| 3 <input type="checkbox"/> Temporary Resident/Amnesty | 5 <input type="checkbox"/> Student Visa (F-1 or M-1) | _____ Visa (A) #                          | _____ Date Issued _____ Date Expires             |

### 13. ETHNIC BACKGROUND:

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Amer. Indian/Native Alaskan (N) | <input type="checkbox"/> Filipino (F)         | <input type="checkbox"/> Mexican, Mex-Amer, Chicano (HM) | <input type="checkbox"/> Chinese (AC)   | <input type="checkbox"/> Vietnamese (AV)        |
| <input type="checkbox"/> White, Non-Hispanic (W)         | <input type="checkbox"/> Pacific Islander (P) | <input type="checkbox"/> Central American (HR)           | <input type="checkbox"/> Japanese (AJ)  | <input type="checkbox"/> Asian Indian (AI)      |
| <input type="checkbox"/> Black, Non-Hispanic (B)         | <input type="checkbox"/> Guamanian (PG)       | <input type="checkbox"/> South American (HS)             | <input type="checkbox"/> Korean (AK)    | <input type="checkbox"/> Asian (A)              |
| <input type="checkbox"/> Other Non-White (O)             | <input type="checkbox"/> Hawaiian (PH)        | <input type="checkbox"/> Hispanic (H)                    | <input type="checkbox"/> Laotian (AL)   | <input type="checkbox"/> Other Asian (AX)       |
| <input type="checkbox"/> Decline to state (XD)           | <input type="checkbox"/> Samoan (PS)          | <input type="checkbox"/> Other Hispanic (HX)             | <input type="checkbox"/> Cambodian (AM) | <input type="checkbox"/> Unk/Non-Respondent (X) |

### 14. Would you like information regarding services for the following disabilities? (Mark all that apply):

- Health Impairment
- Hearing Disability
- Learning Disability
- Mobility or Orthopedic Disability

15. PRIMARY LANGUAGE:

- English (E)       Not English (N)       Unknown (X)

<b>OFFICE USE ONLY</b>
ID _____

16. HIGH SCHOOL ATTENDED/ATTENDING:

High School Name	City	State
------------------	------	-------

17. HIGH SCHOOL EDUCATION (Select one):

- |   |  |
|---|--|
| A <input type="checkbox"/> Special student currently enrolled in grades K-10                  | E <input type="checkbox"/> Passed the GED or earned a CYA diploma                              |
| B <input type="checkbox"/> High school student currently enrolled in grades 11-12             | F <input type="checkbox"/> Earned a Certificate of the CA High School Proficiency Examinations |
| C <input type="checkbox"/> Not a high school graduate and not currently attending high school | G <input type="checkbox"/> Earned a Foreign Secondary diploma                                  |
| D <input type="checkbox"/> Earned a U.S. high school diploma                                  | H <input type="checkbox"/> Attending adult school to earn high school diploma                  |

18. HIGH SCHOOL GRADUATION DATE OR EXPECTED DATE OF GRADUATION: \_\_\_\_\_  
Month / Year

19. I PLAN TO ENROLL IN MORE THAN 6 UNITS:  YES  NO

<b>OFFICE USE ONLY</b>
H _____

20. EDUCATIONAL GOAL (select one):

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| A <input type="checkbox"/> A.A. Degree with transfer/Bach.        | E <input type="checkbox"/> Certificate only                   | I <input type="checkbox"/> Maintain license/certificate                   | M <input type="checkbox"/> Undecided |
| B <input type="checkbox"/> Bachelors Degree or higher             | F <input type="checkbox"/> Discover career interests or goals | J <input type="checkbox"/> Personal development/interest/cultural         |                                      |
| C <input type="checkbox"/> A.A. Degree without transfer           | G <input type="checkbox"/> Prepare for new career             | K <input type="checkbox"/> Improve basic skills in English, reading, math |                                      |
| D <input type="checkbox"/> Two Yr. Vocational Degree/ No Transfer | H <input type="checkbox"/> Advance on my current job/career   | L <input type="checkbox"/> Complete credits for GED or high school        |                                      |

21. MAJOR (enter code from listing of major codes on back page of the application): \_\_\_\_\_

<b>OFFICE USE ONLY</b>
CT _____

22. YOUR TRANSFER PLAN (Mark only ONE box):

- |  |  |
|--|--|
| <input type="checkbox"/> Non-transfer                | <input type="checkbox"/> California Independent College/University |
| <input type="checkbox"/> California State University | <input type="checkbox"/> Out-Of-State College/University           |
| <input type="checkbox"/> University Of California    |  |

23. LIST COLLEGES OR UNIVERSITIES THAT YOU HAVE ATTENDED, THE MOST RECENT FIRST:

College	City/State	From (Year)	To (Year)	Fee Status Res./Non Res.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

24. COLLEGIATE ACADEMIC LEVEL (Mark only ONE box):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Never attended college       | <input type="checkbox"/> 30-59.5 semester units                   | <input type="checkbox"/> AA Degree — Year Awarded _____              |
| <input type="checkbox"/> Fewer than 30 semester units | <input type="checkbox"/> 60 or more semester units - no AA Degree | <input type="checkbox"/> BA/BS Degree OR HIGHER — Year Awarded _____ |

25. STUDENT ENROLLMENT STATUS (Mark only ONE box):

- |  |  |
|--|--|
| 1 <input type="checkbox"/> First time college student                        | 4 <input type="checkbox"/> Returning to GWC without attending other college(s) |
| 2 <input type="checkbox"/> First time at GWC, but attended another college   | X <input type="checkbox"/> College starter (Jr. or Sr. in high school)         |
| 3 <input type="checkbox"/> Returning to GWC after attending other college(s) | Y <input type="checkbox"/> Special admit (K-10)                                |

26. I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT. I FURTHER UNDERSTAND THAT THIS APPLICATION IS CONSIDERED A LEGAL DOCUMENT AND WILL BECOME A PERMANENT PART OF MY RECORD. FALSIFICATION OF THIS APPLICATION MAY BE CAUSE FOR DISMISSAL AND OTHER LEGAL ACTION AS DEEMED APPROPRIATE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date