



Berkeley City College CalWORKs Application

2050 Center Street Berkeley, CA. 94704 510.981.2819

Academic Year _____ Fall Spring **Case Number** _____

Name: _____ **Student ID Number:** _____

Please Print Last First Initial

Address: _____ **City:** _____ **Zip:** _____

Phone: (____) ____ - ____ **Cell :** (____) ____ - ____ **Alternate:** (____) ____ - ____

I Personal Information

Gender: __ Male __ Female __ Non Binary __ Other

D.O.B. ____/____/____ **Age** _____

Race/Ethnicity:

African American/African

Hispanic/Latinx

Asian _____ (Specify)

Middle Eastern _____ (Specify)

Caucasian

Native American

Filipino/Pacific Islander

Other: _____ (Specify)

Is English your primary language? Yes No _____ (Please indicate)

Current or former California Foster Youth? Yes No

Have you completed a FAFSA Application? Yes No

Have you completed a Dream Act (CADA) Application? Yes No

Are you currently enrolled in at least 9 units? Yes No

II Educational Background (Please check all that apply)

Educational Level: H.S Diploma GED Non Graduate Attended College

Last College Attended: _____ **Degree obtained:** AA BA/BS Certificate None

Father's highest educational level Non H.S. Graduate H.S. Graduate College Graduate

Mother's highest educational Level Non H.S. Graduate H.S. Graduate College Graduate



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III Educational Goal (Please Check One)

Major: _____

- AA/AS Degree only
- Certificate of Proficiency or License
- Transfer without AA/AS Degree
- Transfer with AA/AS Degree
- Other
- Undecided

Where do you plan to Transfer? _____

IV County Information

County where you receive CalWORKs/TANF benefits _____ Recipient Since ___/___/___

Have you signed a Welfare to Work plan? Yes No _____ (please Indicate)

CalWORKs Status: Self-Initiated Self-Referred Exempt Post-Employ

Student Family Status: Two Parent Family Single Parent Family

Services received by CalWORKs: Childcare Transportation Other _____ (Please Indicate)

Number of persons receiving TANF/CalWORKs benefits: _____ Adults _____ Children _____

Please list all family members receiving TANF/CalWORKs benefits:

Last Name	First Name	Date of Birth	Age

Are you currently working? Yes No

Name of company/agency: _____

Address of company: _____

Hours per week: _____ Monthly/Hourly wage: _____

Supervisor's name and contact information: _____



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V Additional Information

Is there any personal or family circumstance that may interfere with your ability to start or complete your educational goals? Yes No

If yes, please explain _____

Are you eligible for Disabled Student Services? (PSSD/DSPS) Yes No

Would you like to be assessed for a learning disability? Yes No

Would you like to be referred to the Wellness Center for additional support? Yes No

Additional information you feel is relevant to the application process: _____



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Student Responsibility

Once you are determined eligible, you are required to attend a CalWORKs New Student Orientation.

You will remain eligible for the CalWORKs program as long as you meet the following criteria:

Remain eligible for CalWORKs / TANF benefits

Adhere to your Welfare to Work plan

Turn in your Monthly Attendance forms

Maintain Satisfactory Academic Progress (SAP)

Follow the Peralta Community College District's Student Code of Conduct

Permission, Certification, and Signature

I _____, grant permission to Berkeley City College's CalWORKs program to discuss my case with county representatives for the purposes of eligibility, verification and other matters pertaining to my county case.

I certify that all information on this application is true and complete to the best of my knowledge. I understand that any false statements or failure to provide proof of academic status may be cause for denial or result in ineligibility to participate in the CalWORKs program.

Name of Applicant: _____ Student ID: _____

Signature: _____

Received By: _____ Date: _____



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For Office Use Only

1. Academic:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> H.S. Diploma | <input type="checkbox"/> College Remedial |
| <input type="checkbox"/> GED | <input type="checkbox"/> PSSD Eligible |
| <input type="checkbox"/> ESOL | |

2. CalWORKs Eligibility:

- | | |
|--|--|
| <input type="checkbox"/> CalWORKs/ TANF Benefits | |
| <input type="checkbox"/> SEU on file | <input type="checkbox"/> Single Head of Household (CARE) |
| <input type="checkbox"/> WTW on file | <input type="checkbox"/> Current of Former Foster Youth |

Approval:

- | | | | |
|-------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
|-------------------------------|---------------------------------|-----------------------------------|---------------------------------|

Comments:

CalWORKs Coordinator Signature: _____ Date: _____

Applicant Notified of Status:

By: _____ Date: _____

Comments: _____
