

CAFYES NEW STUDENT APPLICATION PACKET for 2017-2018

TO: All Potential CAFYES Students

If you plan to attend Allan Hancock College and apply to the CAFYES (Cooperating Agencies Foster Youth Educational Support) program for foster youth students, please refer to the following checklist below to assist you. If you have any questions, please do not hesitate to call or stop by my office.

**Alex Spiess, CARE/CAFYES Program Coordinator
at 922-6966, ext. 3623, Building A, Room 203**

- **Obtain EOPS Application.** Complete and submit EOPS application, along with the completed CAFYES application, as soon as possible to the CARE/CAFYES Center. Follow all guidelines outlined in EOPS checklist. Complete the on-line Free Application for Federal Student Aid (FAFSA), at www.fafsa.ed.gov and, or the Dream Act Application found online: <https://dream.csac.ca.gov> submit a Board of Governor's Fee Waiver form (BOG/FW) to the Financial Aid Department.
- **Complete pages 1 & 2 of the CAFYES application.**
Submit to the CARE/CAFYES Center in Building A, Room 203.
- **Submit ward-ship letter documentation.**
Please submit verification that you are a current or former foster youth in California whose dependency was established or continued by the court on or after your 16th birthday. In order to receive CAFYES benefits you cannot be older than 25 years of age at the time of your acceptance into the program.

Allan Hancock College
800 South College Drive, Santa Maria, CA 93454
Building A, Room 203, (805)-922-6966 x3623

**CAFYES-Coopertive Agencies Foster Youth Education Support
New Student Application for 2017-2018 Academic Year**

_____			H _____		
Name of Applicant (please print)			AHC Student ID Number		
_____			_____		
Street Address			Phone Number		
_____			_____		
City	State	Zip Code	Date of Birth	Age	
_____			_____		
_____ @my.hancockcollege.edu			Gender:	Male	Female
myHancock E-Mail Address					

State & County you were in Foster Care

Enrollment status:	Non-credit Classes	Credit Classes	Number of Units?	_____
Have you completed the 2017-2018 FAFSA Application?	Yes	No		
Are you currently receiving Financial Aid?	Yes	No		
Have you completed the Chafee Grant Application?	Yes	No		
Do you have children?	Yes	No		

IF Yes: Please list ALL your dependent children:

Full Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Do you currently receive any supportive services based on your foster youth status?
Yes No If so, what services do you receive?

**CERTIFICATION:
ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW**

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 statements or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or termination of services. I authorize the exchange of information my educational status between the college district, Chancellor's Office, California Community Colleges, Department of Social Services, and State Department of Rehabilitation and nonprofit organizations/ agencies vested in the success of my education.

_____	_____
Applicant's Signature	Date

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CAFYES-Coopertive Agencies Foster Youth Education Support

CAFYES Student Agreement 2017-2018

Name of Applicant (please print)

H Number

In order to remain eligible for the CAFYES program, I agree to:

- ❖ Attend an EOPS Orientation during **my first semester** in the program.
- ❖ Notify the CARE/CAFYES Program Coordinator, or Specialist, or Counselor before making changes to my class schedule, residence or phone number.
- ❖ Meet with CARE/CAFYES Program Specialist at least once during each semester.
- ❖ Meet with an EOPS/CARE/CAFYES & CalWORKs counselor twice each semester to discuss progress and plan a schedule for the next semester.
- ❖ Meet with my CAFYES Peer Mentor **every** semester.
- ❖ Attend one campus activity **every** semester.

Signature of Applicant

Date

CARE/CAFYES Staff Signature

Date