Last Name:		First Name:	M.I
Social Security Numbe	ty NumberCOS Student Identification Number: @		
Mailing Address:		City:	Zip Code:
E-mail Address:			Date of Birth:
Telephone Number: Gender: Male _ Female _			
Marital Status: Sing	le (never married) \square Married \square] Separated □ Divorce	ed □ Widowed □ Other □
High School Diploma	or G.E.D. completed? Yes □ No		
College of the Sequoias Status? New Student \square Returning Student \square			
Attended another College or University? Yes □ No □			
Did you complete a college certificate or degree? Yes \square No \square			
Household Status?	Single Head of Household Ye	es 🗆 No 🗆	
	Two Parent Household Yes [□ No □	
Are you currently receiving TANF cash aid? Yes □ No □			
Have you signed a Welfare-to-Work Plan? Yes □ No □			
Were you referred to d	our office by a county welfare rep	oresentative? Yes □ No	
Are you currently employed? Yes □ No □			
Are you interested in work study? Yes □ No □			
Do you have a current Student Educational Plan? Yes \square No \square			
Have you applied for Financial Aid? Yes □ No □			
Are you in need of child care assistance? Yes □ No □			
Number of dependent children on your case?			
Are you a participant in the Extended Opportunity Programs and Services (EOPS) Program? Yes \Box No \Box			
Are you a participant in the Cooperative Agencies Resources for Education (CARE) Program? Yes \Box No \Box			
Are you a participant i	n the Disability Resource Center	(DRC) Program? Yes □	No □
Certification:			
I hereby certify that all the information provided on this form is true and accurate to the best of my knowledge. I agree			
and understand that any falsification or misrepresentation of fact or information may be cause for rejection of this			
application and/or termination from the CalWORKs Program at College of the Sequoias.			
Applicant Signature:		Date:	

Submitting this application by itself does not admit you into the COS CalWORKs Program.

You will need to submit the following documents:

- 1. COS CalWORKs Certification Form
- 2. Welfare-to-Work Plan (if applicable)