

# CAFYES NEW STUDENT APPLICATION PACKET for 2016-2017

**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.  
**CAFYES Specialist at 922-6966, ext. 3623, Building A, Room 203**

- **Obtain EOPS Application.** Complete and submit EOPS 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](http://www.fafsa.ed.gov) and 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 documentation, "ward of court 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 16<sup>th</sup> birthday. In order to receive CAFYES benefits you cannot be older than 25 years of age at the time of your application to the program.

# CAFYES

## New Student Application 2016-2017

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

\_\_\_\_\_

State & County you were in Foster Care

Enrollment status:	Non-credit Classes	Credit Classes	Number of Units? _____
Have you completed the 2016-2017 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 release of information regarding this application 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

2016-2017

**CAFYES Student Agreement**

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
H Number

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

- ❖ Attend an EOPS Orientation or complete the New Student Orientation on-line.
- ❖ Notify the CAFYES Program Coordinator, or Specialist, before making changes to my class schedule, residence or phone number.
- ❖ Meet with CAFYES Program Specialist at least once during each semester.
- ❖ Meet with the EOPS/CAFYES counselor twice each semester to discuss progress and plan a schedule for the next semester.
- ❖ Meet with my CAFYES Peer Mentor each semester.
- ❖ Attend one campus workshop each semester.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAFYES Staff Signature

\_\_\_\_\_  
Date