



COLLEGE TO CAREER
APPLICATION FOR ADMISSION

Type or Print in Ink

APPLICANT'S INFORMATION

Date _____

Applicant's Name _____

Date of Birth _____ Age _____ Gender Female Male

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Regional Center _____ Regional Center Counselor _____

PARENT OR LEGAL GUARDIAN INFORMATION

Name _____

Relationship to Student _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____



HIGH SCHOOL INFORMATION

Please enclose a copy of your final exit IEP and a copy of your high school transcripts.

School District _____

School Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Did you receive special education services? Yes No

Guidance counselor and/or transition teacher _____

Date of expected Graduation or GED completion: Year 20 _____

Have you taken the ACT or SAT? Yes No Month and Year of most recent test _____

Are you scheduled to take the ACT or SAT in the future? Yes No If yes, when? _____

While in High School, did you participate in a Transition Program or receive Special Education Services? Yes No

Please describe _____



PREVIOUS COLLEGE INFORMATION, IF APPLICABLE

Please enclose a copy of your college transcripts.

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Dates attended from/to (Please include year and month) _____

DESIRED MAJOR

Desired College Major _____ Check if undecided

Desired Career _____ Check if undecided

DISABLED STUDENTS PROGRAMS AND SERVICES (DSP&S) INFORMATION

Have you applied for Disabled Students Services in the past? Yes No

If so, please indicate where and when _____

Disabled students programs and services (DSP&S) is a program within student services at a Community College. DSP&S provides many support services that enable students with disability related limitations to participate in the college's programs and activities.

FINANCIAL AID INFORMATION

Have you applied for Financial Aid Services in the past? Yes No

If so, please indicate where and when _____



LIVING SITUATION INFORMATION

Have you ever lived alone or with a roommate? Yes No

Do you desire to live away from home, but are concerned that you do not know how? Yes No

Are you willing to learn and experience independent living skills – i.e. laundry, shopping for groceries, preparing meals, budgeting? *Independent living is a philosophy that involves you being responsible for your care and needs and not only puts you in control but requires you to participate in directing your life and taking responsibility for your actions.* Yes No

Are you interested in living in an apartment near the campus with a roommate? Yes No

Please describe why you should be considered for this program. *We encourage students to fill in this portion using their own words.*

The COLLEGETOCAREER Program offers apartment housing, independent living skills training, and educational supportive services for students, ages 18 to 25. This program will assist students who are not quite ready to live on their own but desire a supported living experience (similar to dormitory living) during their college years. Students are financially responsible for living expenses such as rent, personal provisions and school fees including college books. Legal aid and/or the Department of Rehabilitation financial assistance may be available for the educational component of this program.

APPLICANT’S AND PARENT/GUARDIAN’S SIGNATURES

Applicant’s signature _____ Date _____

Parent/Guardian signature _____ Date _____

Please return completed application along with the required transcripts to the attention of your Regional Center Counselor. Regional Center Counselors please send your completed application packets to: Department of Community Services, Harbor Regional Center, 21231 Hawthorne Blvd., Torrance, CA 90503

