



Education Bound United States (EBUS)

COLLEGE APPLICATION

1. NAME _____ 2. _____
Legal First Name Last Name English Nickname

3. BIRTHDATE _____ (Month/Day/Year) 4. AGE _____ 5. GENDER: MALE FEMALE

6. CONTACT INFORMATION: 6a. EMAIL ADDRESS _____

6b. ALTERNATE EMAIL ADDRESS _____

6c. CURRENT ADDRESS OF RESIDENCE _____
Address City Country

6d. MAILING ADDRESS (If different from above) _____
Address City Country

7. PHONE _____
Day Phone Evening Phone

8. BIRTHPLACE _____
City Country

9. ETHNIC BACKGROUND:

A) Are you Hispanic or Latino? YES NO

B) Please check **one or more** of the following:

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> American Indian, Alaskan Native | <input type="checkbox"/> Hispanic Other | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> South American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Pacific Islander Other |
| <input type="checkbox"/> Mexican, Mexican-American, Chicano | <input type="checkbox"/> Korean | <input type="checkbox"/> Asian Other | <input type="checkbox"/> White |

10. Would you like information regarding services for any of the following disabilities? (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Learning Disability (Pursuant to Section 504 Regulations) |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Special Disability | <input type="checkbox"/> Mobility or Orthopedic Disability |

11. PRIMARY LANGUAGE: English (E) Non-English (N) Unknown (X)

12. EXPECTED HIGH SCHOOL COMPLETION DATE _____

13. EDUCATIONAL GOAL (Check only one box):

- | | | |
|--|--|--|
| A. <input type="checkbox"/> A.A. degree with transfer/Bachelor's | C. <input type="checkbox"/> A.A. degree without transfer | H. <input type="checkbox"/> Advance on my current job/career |
| B. <input type="checkbox"/> Bachelor's degree or higher | D. <input type="checkbox"/> Certificate only | M. <input type="checkbox"/> Undecided |

14. YOUR TRANSFER PLAN (Check only one box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-Transfer | <input type="checkbox"/> University of California | <input type="checkbox"/> Out-of-State College/University |
| <input type="checkbox"/> California State University | <input type="checkbox"/> California Independent College/University | |

PLEASE CONTINUE TO PAGE 2 AND COMPLETE YOUR COLLEGE APPLICATION

