

CalWORKs Program – Woodland Community College Application and Orientation Form

Academic Year 2020-2021



Please complete the following information! You must be in good standing with your county welfare office and be a current TANF/CalWORKs recipient.

Student Information:			
Name: (last name, first name, middle initial)		WCC Student ID#:	
Address: (Street Address, City, State, Zip)			
Email Address:		Phone Number:	
Date of Birth: (MM,DD,YYYY)		Gender:	
Have you submitted a fee waiver for 2020-2021?		Have you submitted a FAFSA for 2020-2021?	
□ Yes □ No		□ Yes □ No	
County Eligibility:			
Are you currently receiving county CalWORKs? ☐ Yes ☐ No		-	n: (Ex: Yolo, Colusa, Sacramento)
County Worker's Name:		County Worker's Phone Number:	
Is education an approved Welfare-to-Work Activity? □ Yes □ No		What is your county approved educational goal?	
List all members of your family receiving county aid, their relationship to you and their ages:			
Name: (first, last)	Relationship:		Age:
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With my signature below, I acknowledge that I h information contained herein is true and comple false statement or failure to give proof when ask services or equivalent cost for services. I author Community College CalWORKs, the Yuba Com Colleges and county social service agencies, as comply with program guidelines, county required I understand that services provided by this program Student Signature.	ete to the best of modern teet to the best of may be cause rize the sharing of amunity College Distriction applicable. I under ments, fail to program are contingen	y knowledge per pen for the denial, termina information regarding strict, the Chancellor's erstand that I can be a ress academically, or	alty of perjury. I also realize that any ation, and/or repayment of CalWORKs this application between Woodlands Office of the California Community removed from this program if I fail to at WCC CalWORKs discretion. Lastly,
Student Signa		Dait	