

# DIOP SCHOLARS PROGRAM

## Student Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

CRC Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: ( ) \_\_\_\_-\_\_\_\_

Cell Phone: ( ) \_\_\_\_-\_\_\_\_

Sex	Marital Status
<input type="radio"/> Male	<input type="radio"/> Single
<input type="radio"/> Female	<input type="radio"/> Married
	<input type="radio"/> Divorced

Children?	Need Childcare?
<input type="radio"/> Yes ages of children:	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

What is your major? \_\_\_\_\_

What is your career goal(s). \_\_\_\_\_

What is your educational goal? (select one)

- Transfer without AA/AS
- Transfer with AA/AS
- Graduate with AA/AS
- Certificate
- Other(specify):

What is your enrollment status at Cosumnes River College?

- New student at CRC
- Returning to CRC
- Continuing Student (attended last semester)

Are you eligible for financial aid?

- Yes
- No
- Don't know

Have you attended any other colleges(s)?

- Yes
- No

College Name	City & State	Dates Attended	Degree/Certificate

Have either of your parents/guardians graduated from college?

- Yes
- No

Relationship	Degree Earned	College Attended

Are you presently employed?

How many hours?

- Yes
- No

Per day: \_\_\_\_\_

Per week: \_\_\_\_\_

**Please explain why you want to participate in DIOP SCHOLARS and how you might benefit from an academic program which focuses on African American and multicultural experiences:**

---

---

---

---

---

---

---

---

**Answering these questions is voluntary. The information will remain confidential and will be used to assist you in developing an educational plan to meet your academic goals.**

*Intent to Register:*

I agree to make a full commitment to DIOP SCHOLARS. This commitment includes the following:

- Enroll in the two-course English writing class sequence (one year)
- Enroll in the paired College Success classes
- Attend all class sessions regularly
- Participate in academic enrichment activities
- Meet with an academic counselor at least once per semester

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

PLEASE RETURN TO: Teresa Aldredge  
Counselor  
Cosumnes River College  
8401 Center Parkway  
Sacramento, CA 95823  
(916) 691-7368  
aldredt@crc.losrios.edu

**FOR OFFICE USE ONLY**

Attended Orientation Date: \_\_\_\_\_

Counselor Interview Date: \_\_\_\_\_

Form Received Date: \_\_\_\_\_

Completed By: \_\_\_\_\_