Mission
The Enriched Scholars Program at Cosumnes River College is an academic support service committed to advocacy, providing personal growth and economic opportunity for its diverse foster youth student population through education. It is dedicated to student academic success, personal attention, and empowering participating student's to be successful in their educational endeavors.

Values
The Enriched Scholars program values the potential to succeed and the formation of relationships. Providing assistance with academic resources, mentorship, education related expenses and community resources puts the needs of foster youth first by allowing them to pursue their educational goals.

The Enriched Scholar Program is a one-stop center where foster youth can get advice, access resources, and receive coaching on how to handle difficult situations. Most importantly it is a place where students are able to receive assistance from individuals who not only understand the needs of foster youth, but also believe in their success and ability to succeed.

Enriched Scholars Program Benefits:

- Academic, Career and Personal Guidance Counseling
- Financial Aid Specialist
- Private tutoring
- Workshops
- Priority registration
- Meal Tickets
- Mentorship opportunity
- Book Service Assistance, and more

ESP Application Check List

Documents Required:

☐ Complete Application with Signature
☐ BOG Waiver
☐ Assessment
☐ Student Education Plan (2 Semesters)
☐ Transcript
☐ Verification of current or former foster youth status

Cosumnes River College, 8401 Center Parkway, Sacramento CA, 95823 / Enriched Scholars Program, Business & Social Science Office 161/162, (916) 691-7173
The following information is confidential. Please take your time to carefully complete each item so that we may better serve you. ESP eligibility: Applicants must be current or former foster youth, age 17-25.

Name: ____________________________ Student ID# __________________ Date __________________

Current Enrollment (units) ___ Goal: Degree/ Certificate /Transfer UC/CSU ______________________

Birthdate: __________ Age: ___ Gender: __________ Children: ___ Yes ___ No

Ethnicity: (optional)
- ___ African American ___ Asian American, Chinese, Japanese, Korean, Vietnamese, Hmong
- ___ Hispanic, Latino, Mexican American ___ Caucasian ___ Native American
- ___ Indian ___ Pacific Islander ___ Filipino ___ Russian/Ukrainian ___ Other __________________

Affiliation with other programs at Cosumnes River College:
- ___ EOPS/CARE ___ DSPS ___ CalWORKs ___ International ___ Athletics ___ Financial Aid

Address __________________________ City_______________ State_____ Zip code__________

Home Phone (___)_____________________ Cell Phone (___)_____________________

E-Mail Address ____________________________

In case of an emergency, whom may we contact?

Name _____________________________ Phone (___)____________________

AB12 case worker (If applicable)

Name _____________________________ Phone (___)____________________

Housing Living Location:
- ___ Foster Parent(s) ___ Mate/Significant Other ___ Roommate(s)
- ___ Relative ___ Alone ___ Homeless ___ ILP-Transitional

If homeless, would like to receive information on shelters and transitional housing? Yes ___ No

Employability

Employment Status ___ Part-time ___ Full-time ___ # of hours/week ___ Not Currently Working Seeking Employment

Employer _____________________________ How long employed? _____________

Would you be interested in receiving information on Employability Skills Workshops and Trainings?

___ Yes ___ No
ACADEMIC INFLUENCE QUESTIONS

The questions in this section are designed to assist our program to better meet your needs, and in making the appropriate referrals and accommodations to ensure academic achievement. Please read each question thoroughly and answer accurately.

Academic History:
Do you get A’s and B’s in some classes, while getting D’s and F’s in other classes, even though you put in the same effort? ___Yes ___No

Is there a big difference in understanding whether you read or hear the same information? ___Yes ___No

Do you know what you want to say, but cannot get it down in writing, or vice versa? ___Yes ___No

Do you often reverse letters or words or numbers when you are reading? ___Yes ___No

Do you have to read something over and over again and still don’t understand it? ___Yes ___No

Do you study 2-3 hours for every hour in class, but you still don’t understand or remember the material? ___Yes ___No

Health Resources and Referrals:
Do you have any medical/psychological conditions that cause any problems with learning or school? ___Yes ___No

Do you have any conditions that cause chronic or constant pain? ___Yes ___No

Do you have trouble paying attention even when you are doing something you enjoy, and feel like you have to constantly pull your attention back to where you wanted it? ___Yes ___No

Have you ever had a significant head injury, or been knocked unconscious, or any other major illness/trauma? ___Yes ___No

Have you ever been diagnose with a physical, mental, or learning disability? ___Yes ___No

Description: ________________________________________________________________

I hereby swear or affirm that all the information on this form is true and complete to the best of my knowledge, and that any false statements/ information or failure to give proof when asked, will results in my immediate removal from the ESP program.

Student Signature: ___________________________ Date: ________________

Office Use Only

Staff Advisor/Designee: ___________________________ Date: ________________