



HARTNELL COLLEGE
NURSING AND ALLIED HEALTH

Student Support Program(s) Verification Form

Applicant: Please complete the top section of the form and have the department where you receive services verify your participation. The completed form will be submitted with your application. Hartnell College Nursing and Allied Health is requesting the following information for affirmative action purposes. Disclosing participation is voluntary, and information will not be released without the applicant's consent. Hartnell Nursing and Allied Health will not subject the applicant to any adverse treatment as a result of whether she or he chooses to disclose information.

Applicant Name:

Student ID#:

Applicant Signature:

Date:

Student Support Program(s): Please complete this section of the form for the applicant named above and return the form to the applicant.

The above named applicant is enrolled in the following student support program(s):

- CalWORKS Program
- Cooperative Agencies Resources for Education (CARE)
- Department of Supportive Programs and Services (DSP&S)
- Extended Opportunity Program & Services (EOPS)
- Foster & Kinship Care Education
- Guardian Scholars Program
- TRiO Student Support Services
- Other: _____

Print Name/Title:

Verification Signature:

Date:

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