



HARTNELL COLLEGE
NURSING AND ALLIED HEALTH

Student Support Program(s) Verification Form

Applicant: Please complete this section of the form and have the department where you receive services verify your enrollment. The completed form will be submitted with your application.

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)
Definitions Provided in the Bill "Disabilities" has the same meaning as used in [Section 2626](#) of the Unemployment Insurance Code.
- ☐ 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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