

# ARC NextUp APPLICATION

ARC TERM and YEAR of enrollment at time of application: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

## Student Information:

Student ID #: \_\_\_\_\_ School Gmail: W \_\_\_\_\_ @apps.losrios.edu

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact # \_\_\_\_\_

Educational Goal: (check what applies) ☐ 1-Certificate ☐ 2-A.A./A.S. ☐ 3-Transfer

## Ethnic Background:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latinx                        |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White                                     |
|   | <input type="checkbox"/> Other _____                               |

## OFFICE USE ONLY

Term: \_\_\_\_\_ Year: \_\_\_\_\_

### Verifications

Under age 26? YES NO

Dependency on or after 13th Birthday: YES NO

NextUp Designee Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Are you currently a participant of:

CalWORKs	YES	NO	EOP&S	YES	NO
CARE	YES	NO	Veteran Services	YES	NO
DSPS/LD (Do you have an active unit load reduction MOU?)	YES	NO			

Are you currently eligible as a "Dream Act" (AB 540) student? YES NO

Are you currently enrolled or previously attended college? YES NO

- If YES, list the names of ALL COLLEGES attended below and you **must** provide **official transcripts** to ARC Admissions Office for colleges outside of Los Rios:

\_\_\_\_\_

Do you plan to attend an ARC extension campus?

NO	Mather Center
Natomas Center	Sac Regional Public Safety Training Center

## NextUp Program Eligibility

Are you a current or former foster youth? YES NO

(If NO, you are NOT ELIGIBLE for NextUp--consider applying to EOP&S/CARE instead. See their website for eligibility requirements: [arc.losrios.edu](http://arc.losrios.edu))

If your response is "Yes", are you under 26 years of age? YES NO

Date of Birth: \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yyyy Age \_\_\_\_\_

- Was your dependency status established or continued by the court on or after your 13<sup>th</sup> birthday? YES NO

- Are you planning to enroll in courses this academic term? (9 units per term are recommended) YES NO

**NOTE:** If a current term education plan is needed, make an appointment with a NextUp/EOP&S/general counselor or we will support you to schedule an appointment.

CARE Program: Complete ONLY if you are a single parent

- Are you 18 years of age or older	YES	NO
- Are you a single parent, head of household?	YES	NO
- Are you or your child(ren) currently receiving CalWORKs cash aid?	YES	NO
- Do you have a dependent child?	YES	NO

TANF/CalWORKs Program Aid Verification Form MUST BE GIVEN to student: \_\_\_\_\_ Staff Initials

## Signature Required: ( Student Publicity Release)

I understand that if I am accepted into the NextUp, EOP&S, and/or CARE programs, the staff may include my name and/or picture in publications and on the American River College website, Facebook page, and/or Instagram. The website highlights student accomplishments and participation in campus/NextUp/EOP&S/CARE program activities. I understand that I will receive no monetary payment now nor in the future for the reproduction of these photographs.

**Submission of an incomplete application and/or falsification will result in your application being denied or withdrawn.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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