

STEP 3. SCHEDULE AN APPOINTMENT TO SEE A VENTURA COLLEGE COUNSELOR

Call (805) 654-6448 to attend a new student counseling workshop.

Complete your assessment in English and Math:

Date the Ventura College assessment was taken: _____

Verified by: _____ Date: _____

(Ventura College Staff signature)

STEP 4. Identify your educational goal and educational plan.

____ Associate degree, majoring in: _____

____ Bachelor's degree, majoring in: _____

____ Interested in transferring to a university: List name(s): _____

____ Occupational certificate in the field of: _____

____ AB540 Student

STEP 5. REGISTER FOR CLASSES

To register online, log in to your MYVCCCD portal account at <http://my.vcccd.edu>. If you have not set up your portal account, go to <http://my.vcccd.edu/cp/home/loginf> and click on "Sign up for account" to create your student portal account.

STEP 6. PRINT OUT A COPY OF YOUR CLASS SCHEDULE/BILL.

YOU WILL SUBMIT A COPY OF YOUR CLASS SCHEDULE/BILL WITH THIS APPLICATION.

STEP 7. SIGN, MAKE A COPY & TAKE THIS APPLICATION AND YOUR CLASS SCHEDULE /BILL TO THE VENTURA COLLEGE FOUNDATION OFFICE.

IMPORTANT: PLEASE READ AND SIGN

I certify to the best of my knowledge, the information provided on this form is true and complete and I agree to provide necessary documentation to verify all information stated herein upon request. By signing below, I am affirming that I have completed all of my high school graduation requirements from a Ventura County high school including passing the CAHSEE, or have passed a high school equivalency test such as a GED in the year 2010. I understand that it is illegal to report false or misleading information. I have read the information printed above and certify under penalty of perjury under the laws of the state of California, that the information above is true and correct. Falsification of information will result in repayment of funds. I understand I am responsible to make certain that all required information is provided by the deadline. I understand that if I drop out completely or do not attend Ventura College for the semester(s) which I am eligible for the Ventura College Promise, the Ventura College Promise will be rescinded and will result in repayment of fees. I understand if I do not drop classes before the last day to drop for a full refund or credit deadline, this will result in repayment of fees. I will hereby authorize the Ventura College Foundation to obtain my Ventura College academic transcript. I authorize the Financial Aid Office at Ventura College to share information about my Financial Aid status with the Ventura College Foundation for the purpose of determining my eligibility for the Ventura College Promise. I agree to receive correspondence from the Ventura College Foundation.

I UNDERSTAND I MUST ATTEND A VENTURA COLLEGE FOUNDATION SCHOLARSHIP WORKSHOP IN FALL 2010 WHICH WILL ASSIST ME IN APPLYING FOR SCHOLARSHIPS FOR WHICH I MAY BE ELIGIBLE FOR MY SECOND YEAR AT VENTURA COLLEGE.

SIGNATURE OF APPLICANT: _____ (required)

 **SIGNATURE OF PARENT/GUARDIAN _____ (required)**

PRINT NAME: _____

RELATIONSHIP TO STUDENT: _____

 **VENTURA COLLEGE STUDENT ID#: 900 _____ (required)**

To Be Completed by Ventura College Foundation:

Student Qualified for the Ventura Promise ___ Yes ___ No

Fall 2010 ___ Spring 2011 ___ Verified by: _____ Date application received: _____

For more information, please contact the Ventura College Foundation at: (805) 654-6461 or e-mail: csanchez@vcccd.edu