

LAEP Student Interest Form

Today's date: _____

Last name: _____

First name: _____

W#: _____

Preferred email address: _____

Cell number: _____

City of residence: _____

Which of the following apply to you (check any that apply)?

- First Generation College Student
- Low Income (Eligible for a [Pell Grant](#))
- Current or Former Foster Youth
- Homeless Students or Those at Risk of Becoming Homeless
- Students with Disabilities
- Displaced Workers (Students receiving unemployment benefits)
- Students with Dependent Children
- Formerly Incarcerated Students
- AB540 or DACA students with employment authorization card
- Veterans

Are you participating in any of the following programs at Las Positas College:

- EOPS
- CARE
- Cal Works
- NextUp

- Veterans First
- DSPS
- Dream Center
- Puente
- Umoja
- Tri-Valley Career Center

Can you provide proof of eligibility to work in the United States?

- Yes
- No

Are you a [California resident](#)?

- Yes
- No

Have you filed a [FAFSA](#) or [CADAA](#) application at LPC?

- Yes
- No

Are you eligible for financial aid?

- Yes
- No
- Not sure

Are you enrolled at least at least half-time (6 units)? NOTE: for Summer LAEP participants, student must be enrolled half-time for the Summer or subsequent Fall term).

Yes

No

Do you have a 2.0 GPA or higher?

Yes

No

Approximately how many units have you completed at Las Positas College?

Have you completed any other coursework at another college or university? If so, how many units did you complete (please indicate if semester or quarter system)?

What is your major or field of study?

What are your career goals?

In which term would you like to be an intern (check all that apply)?

Fall

Spring

Summer

How many hours per week would you be available to work as a LAEP intern during this term/semester?

Is there anything else that you would like us to know about you?