



College of the Siskiyou
**Foster Youth Success Program
(FYSP)**



NAME (First): _____ (M.I.): ____ (Last): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

STUDENT ID#: _____ DOB: ____/____/____

INTENDED MAJOR: _____ CAREER INTEREST: _____

1. Are you currently enrolled at College of the Siskiyou? Yes No

* If so, how many units are you enrolled in? _____

2. Have you completed your FAFSA for the upcoming academic school year? Yes No

3. What is your county of wardship? _____

4. Current living situation:

Foster home AB 12 Group home Apartment/house Other: _____

5. How did you hear about the Foster Youth Success Program? _____

6. Are you interested in a peer mentor? Yes No

7. Are you interested in Siskiyou County Independent Living Program (ILP) classes/services?

Yes No

If there are any issues or concerns that you would like for us to be aware of, please describe it below. Also, indicate if you are receiving services from any community agency, church, or a special program:

Please attach verification that you are a foster youth, or a former foster youth.

Verification may include:

- Dependency/Wardship Card
- Dependency/Wardship letter from the county Human Services verifying current foster youth status or emancipation from the foster care system at age 18
- Guardianship paperwork documenting you were appointed a legal guardian through the court system with Child Welfare involvement
- Community College foster youth documentation with Chafee
- ILP Eligibility Form/Chafee Eligibility Form

*****If you need help obtaining this information, please let us know. We can help you!*****

All Applicants: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. I also realize that any false statement may be cause for denial, reduction, withdrawal and/or repayment of any monetary services (including books) I may receive from FYSP. I authorize the FYSP staff to obtain disability data, financial aid documents, transcripts and necessary assessment scores.

Signature: _____ Date: _____



College of the Siskiyous

Foster Youth Success Program Consent Form

I authorize the Foster Youth Success Program Coordinator and/or Director to release and receive information regarding my foster care status, college enrollment, financial aid, and academic standing including grades with other agencies— Agencies may include California Student Aid Commission (CSAC), Siskiyou County Human Services, Court Appointed Special Advocates, Independent Living Coordinators, Siskiyou County Office of Education, College Options, Children’s First Foster Agency, and other agencies as I allow. I understand I may be asked for additional information from the College of the Siskiyous Foster Youth Success Program.

Student Signature: _____ Date: _____

For more information contact:

Foster Youth Success Program
Attn: Shannon Eller
800 College Ave.
Weed, CA 96094

FAX: (530)938-5379
E-mail: seller1@siskiyous.edu
Phone: (530)938-5309