

# Santa Barbara City College ADN Admission - Supporting Documentation Form

PLEASE CHECK THE BOX NEXT TO THE CRITERION (AS MANY THAT APPLY) THAT FITS YOUR CIRCUMSTANCE(S)

Criteria 5 a. **Disabilites** – Documented disability from college Learning Disability Program or Disability Support Programs & Services

Criteria 5 b. **Low Family Income** – Proof of Eligibility or receipt of financial aid under a program that may include, but not limited to, a fee waiver from the Board of Governors (BOGW A or B only), the CalGrant Program, the federal Pell Grant program or CalWORKs)

Criteria 5 c. **First generation to attend college.** Please briefly explain your situation or circumstances (use separate piece of paper if necessary):

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Criteria 5 d. **Need to Work** – Paycheck stub during period of time enrolled in prerequisite courses  
**OR** - letter from employer (must be on organization letterhead) verifying employment was at least part-time while completing prerequisite courses). Please specify which semester(s) \_\_\_\_\_

Criteria 5 e. **Disadvantaged social or educational environment** – Participation or eligibility for Extended Opportunity Programs & Services (EOPS)

Criteria 5 f. **Difficult personal and family situation/ circumstances.** Please briefly explain your situation/circumstances (use separate piece of paper if necessary):

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Criteria 5 g. **Refugee status** – Documentation or letter from USCIS.

Criteria 5 h. **Veteran Status/Veteran's spouse** – Copy of DD-214. Service in the active military, naval, or air service, and discharge under circumstances other than dishonorable. Active service includes fulltime duty in the National Guard. An eligible spouse would include the widow/widower of a veteran that otherwise meets this criteria.

Criteria 6. **Proficiency or college level coursework in languages other than English.** Student must be proficient in all aspects of language (reading, writing and speaking) to qualify. Examples include: 1) Completion of SPAN 146 & 147 Spanish for Native Speakers, OR 2) Four semesters of college coursework of a language other than English, OR 3) Completion of TIS 116 Basic Medical Terminology, Spanish, OR Completion of TIS 117 Medical Spanish/English Interpretation.

OR – Please have a person of authority (professor or supervisor, etc.) who is proficient in the language, and who has adequate interaction with you and who can verify your proficiency in said language (individual may not be a relative), fill out the following:

I verify that \_\_\_\_\_ is able to speak, read and write in \_\_\_\_\_ (language) at a level that allows common everyday communication.

Please explain your relationship with the applicant: \_\_\_\_\_

Contact information for the individual verifying language proficiency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

I am proficient in the language listed above and I am not related to the applicant. To the best of my knowledge, the above information is true and correct. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Note: if at any time it is discovered that the applicant is not able to communicate in the proclaimed language during the course of the program (if admitted), the student will be dismissed from the program.**