

Guardian Scholar Application

Name:	Student ID#:		
Local Address:	Cell Phone:		
Permanent Address:			
City: State:	Zip: Phone:		
University E-mail Address:			
Classification (by credit hours): Fr. (1-29)	So. (30-59) Jr. (60-89) Sr. (90+)		
Current UCB Term G.P.A Cumulati	tive UCB G.P.A		
Projected Graduation Date (CUB) May	_ August December		
Do you have work-study? YES NO If	f not, are you eligible to receive work-study? YES NO		
Work study award amount (if applicable): Fall \$ Spring \$ Summer \$ Were you in the foster care system after the age of 13? YES NO Was there court documentation at any point proving you were in the foster care system? YES NO Were you designated as a McKinney Vento eligible student at any point? YES NO Were you ever or are you currently at risk of being homeless? YES NO			
		Who is your current support system?	
		Where do you plan on living in the Fall?	
		What will be your biggest challenge at CU Boulder this year?	
		Do you commit to being an active member of the	e Guardian Scholar program? YES NO
Signed:	Date:		
To submit, email to: guardianscholars@colorado.edu			

Student Academic Success Center | UCB 109 | Boulder, CO 80309 | (303) 492-3842 | TRIOSSS@colorado.edu