

# **BREAK IT TO MAKE IT**

### **Program Application**

		Fir	st Name	Middle I
Address				
Street				
City			State	Zip Code
			4.	()
Date of Birth				Phone Number
Gender (check one)	Male	Female	6.	Email address:
			σενιτί ν	INCARCERATED, IF NOT SKIP TO QUE
-	·			
_ocation:			Booking I	Number:
For those released fr	om custody, ple	ease fill in your releas	se date:	
lf you are released, v	vhat services a	re you interested in?	Please c	heck ALL that apply.
College Informa	tion			Job Placement Services
College Informa DPSS Services (C		Ks, MediCal)		Job Placement Services Mental Health Counseling and Services
		Ks, MediCal)		
DPSS Services (C	alFresh, CalWOR	<u>Ks, MediCal)</u>		Mental Health Counseling and Services
DPSS Services (C GED	alFresh, CalWOR	Ks, MediCal)		Mental Health Counseling and Services Substance Abuse Counseling and Services
DPSS Services (C GED Healthcare/Med	alFresh, CalWOR ical	Ks, MediCal)		Mental Health Counseling and Services Substance Abuse Counseling and Services Transportation
DPSS Services (C GED Healthcare/Med Housing	alFresh, CalWOR ical	Ks, MediCal)		Mental Health Counseling and Services Substance Abuse Counseling and Services Transportation
DPSS Services (C GED Healthcare/Med Housing Job Placement S	alFresh, CalWOR ical	Ks, MediCal)		Mental Health Counseling and Services Substance Abuse Counseling and Services Transportation
DPSS Services (C GED Healthcare/Med Housing Job Placement S Legal Services	alFresh, CalWOR ical Services	2Ks, MediCal)		Mental Health Counseling and Services Substance Abuse Counseling and Services Transportation Other

11. Are you currently enrolled at a LACCD campus? See Yes

No

#### If you answered Yes to Question #11, which campus:

LA City College
LA Trade Technical College
LA Valley College
East LA College
West LA College

17	Diago chock all that apply	
12.	Please check all that apply:	

#### I have a:

High School Diploma
GED
Neither High School Diploma or GED

## I have at least 60+ transferable college semester units or 84+ quarter units.

Yes
No

#### 13. What is your race/ethnicity?

Caucasian/White
American Indian
Black/African American
Asian

Hispanic or Latina/Latino
Native Hawaiian or Pacific Islander
Other

14. Do you give authorization for the Break It To Make It partners (Los Angeles City College, The Strindberg Laboratory, and The Los Angeles Mission) to contact you for more information and follow-up with the application process?

□ Yes □ No

Applicant Signature

Date

	OFFICE USE ONLY	
Date Received:		Ву:
Notes:		

LA Harbor CollegePierce CollegeLA Mission CollegeLA Southwest College

#### I have completed college courses.

Yes
No

I have taken assessment/placement tests:

Yes
No