VOLUNTARY DEMOGRAPHIC DATA

This information is used for research and grant reporting purposes only. Responses to these questions are voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions. The information provided below will be kept confidential.

Non-Discriminatory Policy

"The Rancho Santiago Community College District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities. The District, and each individual who represents the District, shall provide access to its services, classes, and programs without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, or military and veteran status, or because he or she is perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics."

What is your gender identity?	What is your age?*
Female	Under 18
Male	18-19
Intersex	20-21
Decline to state	22-29
Other, please specify:	30-39
	40-49
	over 49
How do you identify yourself?	What is your residency status?
□ African American	Permanent
□ Asian	Resident
□ Caucasian	US Citizen
□ Latina/o/x	AB540
□ Native American	F1 Visa
\Box Decline to state	(AB540 and F1Visa students: If accepted into the program,
□ Other, please specify	you'll need to obtain a Taxpayer Identification Number (TIN)
	from the Social Security Administration.)
Are you a current Veteran?	Are you a current or former foster youth?
No	No
Yes	Yes
Are you part of the Disable Student Program (DSPS)?	Is English your first language?
No	No
Yes	Yes
Are you the first in your family to go to college?	Do you work off campus?
No	No
Yes	
res	Yes, how many hours?
What was your family annual income last year?	Number of family members:
\$	
Are you eligible for financial assistance (FAFSA, Fee	Are you independent
Waiver, EOPS, etc)?	or dependent?
No	
Yes	

The information requested below will not affect you as an applicant.