



Fulfilling Dreams, Securing Futures

ONTARIO'S COMMUNITY COLLEGE PROMISE PROGRAM APPLICATION

Enter your full legal name:

Last Name: _____ First Name: _____ Middle Initial: _____

What is your Date of Birth (MMDDYY): _____

Gender (please check one): ☐ Male ☐ Female Student Email Address: _____

Enter your permanent address:

Street Address City State Zip Code

Have you lived in the City of Ontario for 2 years or more? (please check one) ☐ Yes ☐ No

Home Phone Number: _____ Student Cell Phone Number: _____

Which high school did you attend in 11th and 12th grade? (please also provide your student ID number) _____

Did you submit a FAFSA or California Dream Act application? (please check one) ☐ Yes (please submit proof) ☐ No

Which California Public Community College are you planning on attending? _____

Have either of your parents/guardian graduated from college? (please check one) ☐ Yes ☐ No

Student Signature _____

Parent or Guardian Signature

(if student is under the age of 18)



For more information or questions, please contact the Economic Development Agency at (909) 395-2005 or visit www.ontarioca.gov/residents/education. To submit your application, please e-mail collegepromise@ontarioca.gov.