

AB 540 Ally Training Application



Contact Information

| | |
|----------------|--|
| Name | |
| Title | |
| Department | |
| Work Phone | |
| Fax Phone | |
| E-Mail Address | |

Please check here if you wish your contact information included in the AB 540 Resource Guide.

Session Registration

Which session do you wish to attend?

- Friday, February 27, 2009 Friday, March 13, 2009
8:00 am to 12:30 pm at The Pointe 8:00 am to 12:30 pm at The Pointe

Interests

Tell us which areas of the training most interest you.

- AB 540 requirements
 How AB 540 students experience the campus
 Academic and out-of-the classroom support practices that show the most promise for immigrant students
 The Federal DREAM Act
 The State DREAM Act
 AB 540 student panel describing what each seeks in an Ally
 Policy barriers and challenges
 Other: Indicate

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired that you may utilize to be an AB 540 Ally.

Previous Experience

Summarize your previous experience in working with AB 540 and other undocumented immigrant students.

Statement of Intent

Summarize why you wish to be an AB 540 Ally.

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted I will attend the entire training session.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of the AB 540 Ally Training Project to provide the AB 540 Decal only to individuals who successfully complete the training. The decision of the trainers about the awarding of the AB 540 Ally decal is final.

Thank you for completing this application form and for your interest in learning about AB 540 students.

Return Application

Please return the completed application to Allison Ohanian at aohanian@csulb.edu or Foundation 252.