

VALLEY-BOUND COMMITMENT



San Bernardino
Valley College

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www.valleycollege.edu/vbc

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Valley Bound Commitment Application Timeline in *6 Easy Steps*

1

Complete the SBVC Application

The application opens October 1st and will be available online via our homepage. You can also access it via this link: <https://www.valleycollege.edu/apply>



2

Complete the Financial Aid Application

Complete the FAFSA or CADAA no later than March 2, 2024. This is a required step for all applicants.



3

Complete the VBC Application

Printed copies will be made available. Students can also download the application. The application deadline is December 15, 2023.



4

Complete the SBVC Orientation & Assessment

Students will receive login credentials for Webadvisor after completing the SBVC Application. Students can complete the orientation and self-guided placement in Webadvisor. This must be completed in order to speak with a counselor and complete the Ed Plan.



5

Develop Ed Plan with Counselor

We can coordinate dates for on campus visits with a counselor to conduct Ed Plans. Students can also schedule a virtual, phone or in person appointment via this link: <https://valleycollege.craniumcafe.com/group/valley-bound-commitment/scheduler>. Ed Plans must be completed prior to Priority B Registration dates.



6

Register and Attend Summer Session

Register for SDEV-001 for the Summer Session (Tentatively scheduled July 8-18) and Fall 2024. Priority registration dates are currently TBD.



PROGRAM REQUIREMENTS

Valley Bound Commitment (VBC) students are required to:

- 01 >>** Attend Summer Session July 8-18
(Dates subject to change)
- 02 >>** Register Full Time (12 units or more) for the
Fall 2024 and Spring 2025 semester
- 03 >>** Complete a minimum of 2 workshops per semester
- 04 >>** Complete a minimum of 15 hours of community
service per semester
 - Liability Waiver must be submitted and
community service must be approved prior to
hours being counted.
- 05 >>** Meet with your counselor 3 times
 - Appointments should be booked 30 days apart.
- 06 >>** Maintain a 3.0 GPA

VALLEY-BOUND COMMITMENT APPLICATION (2024-2025)

Application is due by December 15th, 2023

Student Name: _____ E-mail: _____
Last Name First Name M.I.

Home Address: _____
Street Address City Zip Code

Home Phone#: () _____ Cell Phone#: () _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Are you a U.S. Citizen? ☐ Yes ☐ No Permanent resident of the U.S.? ☐ Yes ☐ No

DREAMer/Undocumented/DACA/AB540? ☐ Yes ☐ No

Have you experienced the foster youth system? ☐ Yes ☐ No

Household: ☐ Mother Number of Brothers _____ Other _____
☐ Father Number of Sisters _____

Ethnicity: ☐ Native American ☐ Asian/Pacific Islander ☐ White/Caucasian
☐ Black/African-American ☐ Hispanic/Mexican-American/Latino/a
☐ Two or more races ☐ Other _____

Current High School: _____ Year of H.S. Graduation: _____

What is your educational goal? ☐ Transfer without an AA/AS degree ☐ Transfer with AA/AS degree
☐ Graduate with an AA/AS degree ☐ Certificate

What is your intended major? _____
First Choice Second Choice

Essay Requirement: Please write a 500-1000 word essay discussing why you believe you should be part of the Valley Bound Commitment. Please be sure to include your academic/career goals and discuss acts of community service that you have been involved in.

Please attach your essay to this application or you can email it directly to valleybound@valleycollege.edu.

I certify that all of the information on this application is accurate and complete to the best of my knowledge.

Student Signature

Date

San Bernardino Valley College Confidential Youth Emergency Card

☐ SU
☐ FA
☐ SP 20__

Parent or guardian, please print in ink the requested information below:

Last Name: _____ First Name: _____

Date of Birth: _____ Student I.D.#: _____ Home Phone: _____

Street Address: _____ City: _____ Zip: _____

Father's/Guardian Name Phone # Work # Cell Phone #

Mother's/Guardian Name Phone # Work # Cell Phone #

A local contact person in case of illness or injury if parent/guardian cannot be reached:

Name: _____ Relationship: _____ Phone#: _____

Physician's Name: _____ Phone #: _____

Medical Insurance: _____ Subscriber #: _____

Please list any medical conditions we should know about in an emergency.

Are there medications the student takes regularly ____No ____Yes Please list:

Does the student have any allergies to medications or other substances?

Please list: _____

Students seeking emergency care, birth control, pregnancy testing, or STD/HIV screening and care are considered by law to be mature minors with the right to consent for these specific medical services.

I, the undersigned parent/guardian of _____, hereby authorize the Medical and counseling staff of San Bernardino Valley College (SBVC) Student Health, as agent of the undersigned to consent to any diagnostic procedure (including x-rays), to the administration of any counseling, medical, surgical treatment, or to any accredited hospital when any or all of the foregoing is deemed advisable and is to be rendered under the general Supervision of any Physician or surgeon licensed under the provisions of the Medical Practice Act.

I ☐ DO ☐ DO NOT grant the staff of the SBVC student health permission to give the above named student over the counter medication for symptom relief if they are unable to reach me for verbal consent.

This authorization is given in advance of any specific diagnosis, treatment or medical care being required and pursuant to the provisions of Section 25.9 of the California Civil Code.

It shall remain in effect throughout the term designated on this form.

X _____ Date: _____