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 $\square$  None of the above apply

Program Application	<b>U</b> 2	<u>~</u> 1 •	-2(				S Student EOP&S Studer	☐ CAFYES ☐ DSPS  nt ☐ CARE ☐ Promise
Name:Last Student ID#:			First		Birtho	Middl	e	
Addre							 City	Zip Code
(		(		)		·	, , , , , , , , , , , , , , , , , , ,	Zip dode
Cell		\_		/ Home			<u> </u>	 E-mail
$\square$ Check here if you would like to i	receive	text mes	ssages. F	Please downlo	ad the <b>Re</b>	emind A	рр.	
Marital Status  ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed		Ethnicity  African-American (Non-Latino)  American Indian or Alaskan Native  Filipino  Latino  White (Non-Latino)  Other  Decline to State					☐ High S ☐ Non H ☐ G.E.D ☐ High S ☐ College	onal Background chool Graduate igh School Graduate chool Proficiency e or University:
Services needed:  Counseling Priority Registration Tutoring Book Voucher Peer Mentoring Academic Probation assistance Grants University Tours			Goa	.A ransfer		Ac	ademic Ma	njor:
<b>Educational</b> Disadvan	ntage	)						
□ Non High School Graduate								
Remedial Courses in College								
☐ First Generation College Stud	=			_	e)			
$\square$ The student OR parents are	not na	tive Eng	lish spe	eakers				

<b>Additional Informati</b>	on							
(Check all that apply)  □I am a SINGLE parent.  □I receive cash aid and food stamps.  □Cal-Works/ TANF/CALFresh  You may qualify for CARE. Please take the CARE application to your case worker	(Check all that apply)  □I am a current or forr foster youth □ I am between 16 and years old. □ I have an open case.	☐ Yes ☐ No  *If yes, please obtain a verification letter prior to submitting this application.						
Agreement								
<ol> <li>After your EOP&amp;S application is evaluated and it is determined that you are eligible for EOP&amp;S, you must attend an EOP&amp;S Orientation. At that time, the program requirements will be reviewed.</li> <li>If you agree to sign the Mutual Responsibility Contract, you may join the EOP&amp;S Program. You can remain eligible for EOP&amp;S until you complete seventy (70) degree applicable units, whichever comes first, as long as you meet the following criteria:         <ol> <li>Maintain satisfactory academic progress toward your certificate, associate degree or transfer goal</li> <li>Follow your Educational Plan and Mutual Responsibility Contract. Enrollment is based upon your cooperative participation. Permission to participate may be revoked at any time.</li> </ol> </li> <li>Certification         <ol> <li>I hereby certify that the statements I have made in this application are true and factual. I understand the responsibility for continued enrollment in this program is based upon my participation and the terms of the contract.</li> </ol> </li> </ol>								
Student's Sign	ature	Date						
OFFICE USE ONLY								
1. California Resident: Y / I  Non-Resident EX  2. BOG Waiver: A / B  3. Units Enrolled:  4. GPA:  5. Degree Applicable Units:	<u>ЕМРТ</u> : <b>Y / N</b> —	Educational Disadvantage:  Remedial Courses: Non High Graduate/ low GPA First Generation Student Under represented group (Ward of Court Letter) Non-Native Speaker (Student or Parents)						
Approval by O	ffice Staff	Approval Date						