



## Additional Information

<p>(Check all that apply)</p> <p><input type="checkbox"/> I am a SINGLE parent.</p> <p><input type="checkbox"/> I receive cash aid and food stamps.</p> <p><input type="checkbox"/> Cal-Works/ TANF/CALFresh</p> <p><i>You may qualify for CARE. Please take the CARE application to your case worker</i></p>	<p>(Check all that apply)</p> <p><input type="checkbox"/> I am a current or former foster youth</p> <p><input type="checkbox"/> I am between 16 and 26 years old.</p> <p><input type="checkbox"/> I have an open case.</p>	<p>Are you enrolled in the Disabled Student Services Program (DSPS)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><i>*If yes, please obtain a verification letter prior to submitting this application.</i></b></p>
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## Agreement

1. After your EOP&S application is evaluated and it is determined that you are eligible for EOP&S, you must attend an EOP&S Orientation. At that time, the program requirements will be reviewed.
2. If you agree to sign the Mutual Responsibility Contract, you may join the EOP&S Program. You can remain eligible for EOP&S until you complete seventy (70) degree applicable units, whichever comes first, as long as you meet the following criteria:
  - a. Maintain satisfactory academic progress toward your certificate, associate degree or transfer goal
  - b. Follow your Educational Plan and Mutual Responsibility Contract. Enrollment is based upon your cooperative participation. Permission to participate may be revoked at any time.

## Certification

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.

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

### OFFICE USE ONLY

<p>Eligibility:</p> <ol style="list-style-type: none"> <li>1. California Resident: <b>Y / N</b> <i>Non-Resident EXEMPT: Y / N</i></li> <li>2. BOG Waiver: <b>A / B</b></li> <li>3. Units Enrolled : _____</li> <li>4. GPA: _____</li> <li>5. Degree Applicable Units: _____</li> </ol>	<p>Educational Disadvantage:</p> <p><input type="checkbox"/> Remedial Courses: _____</p> <p><input type="checkbox"/> Non High Graduate/ low GPA</p> <p><input type="checkbox"/> First Generation Student</p> <p><input type="checkbox"/> Under represented group (Ward of Court Letter)</p> <p><input type="checkbox"/> Non-Native Speaker (Student or Parents)</p>
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Approval by Office Staff

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Approval Date