### 2015-2016
Extended Opportunity Programs and Services (EOPS) Application

**1. SCC Student Identification Number:**

**2. TERM/STATUS**

- **Semester of Application:**
  - [ ] Fall 2015
  - [ ] Spring 2016

- **Your Status as an EOPS student:**
  - [ ] New
  - [ ] Returning EOPS student
  - [ ] Transfer EOPS student

**3. PERSONAL INFORMATION**

- **Student Name:**
  - [ ] Last Name
  - [ ] First Name
  - [ ] Middle

- **Address:**
  - [ ] Street
  - [ ] Apt. #
  - [ ] City
  - [ ] Zip Code

- **Phone Number:**
  - [ ] (       ) -

- **Cell Phone Number:**
  - [ ] (       ) -

- **Date of Birth:**
  - [ ] Month
  - [ ] Day
  - [ ] Year

- **Age:**
  - [ ] ________

- **Gender:**
  - [ ] Male
  - [ ] Female

**4. STUDENT BACKGROUND**

- **Ethnic Background:**
  - [ ] Afro-American/Black
  - [ ] Filipino
  - [ ] American Indian/Alaskan
  - [ ] Hispanic/Latino American
  - [ ] Asian
  - [ ] Pacific Islander
  - [ ] White/Caucasian
  - [ ] Others (Please Specify): ______________________

- **Residency:**
  - [ ] Has the Admissions Office determined that you are a:
  - [ ] California Resident
  - [ ] AB540 student
  - [ ] How long have you lived in California? ________

- **Parent’s Native Language?**
  - [ ] English
  - [ ] Others (Please Specify): ______________________

**5. HOUSEHOLD INFORMATION**

- **Marital Status:**
  - [ ] Single
  - [ ] Married
  - [ ] Separated
  - [ ] Divorced
  - [ ] Widowed
  - [ ] Dependent

**6. FINANCIAL INFORMATION**

- **Did you receive a BOGFW from Solano College?**
  - [ ] Yes
  - [ ] No

- **Have you submitted your FASFA (or renewal FAFSA) Application on-line?**
  - [ ] Yes
  - [ ] No

- **Are you a ward of the court or an emancipated youth?**
  - [ ] Yes
  - [ ] No

- **Head of Household – total number of all family members in household, including yourself:** ________
### ACADEMIC HISTORY

**High School History:**

- [ ] High School Graduate
- [ ] G.E.D.
- [ ] Non-High School Graduate
- [ ] Others:

**What was your High School Grade Point Average?**

(Copy of high school transcripts required for G.P.A. below 2.5):

- [ ] 4.0-3.0
- [ ] 2.5-2.9
- [ ] 2.0-2.4
- [ ] Below 2.0
- [ ] N/A

**What High School did you Graduate from?**

(Indicate if Not Applicable)

Name the last High School you attended:

- [ ] N/A

**Location:**

**Graduation date:**

**How many units have you completed from all Colleges and/or Vocational Institutions?**

- [ ] None
- [ ] 0.5 – 12.0 units
- [ ] 13.0 – 24.0 units
- [ ] 25.0 – 30.0 units
- [ ] 31.0 – 69.0 units
- [ ] Above 70.0 units

**Please list all Colleges and/or Universities you have attended:**

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<tr>
<th>College/University</th>
<th>City, State/Country</th>
<th>Years Attended</th>
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**Please indicate the Degree and/or Certificates Earned**

Mark more than one, if applicable

- [ ] None
- [ ] AA/AS Degree
- [ ] BA/BS Degree
- [ ] Other:

  - Certificate/s: ______________________ (please specify)

**What is Major at Solano College?**

Name major below:

**Circle the highest level of education your father completed**

8 9 10 11 12 13 14 15 16 17 18 Not Sure

**Circle the highest level of education your mother completed**

8 9 10 11 12 13 14 15 16 17 18 Not Sure

### CARE PROGRAM INFORMATION

**Are you currently receiving Public Assistance?**

Please skip if this section only if it does not apply to you

- [ ] Yes
- [ ] No

**If Yes, please specify:**

Indicate if not Applicable

- [ ] General Relief/Assistance
- [ ] TANF
- [ ] CalWORKs
- [ ] Supplemental Security Income (SSI)
- [ ] Others (Specify):

**Are you presently receiving benefits from the CalWORKs or TANF Programs?**

- [ ] If Yes, (Starting Date): ______________
- [ ] No
Additional assistance to current EOPS students who are also eligible single-head-of-household maybe available for the Cooperative Agencies Resources for Education (CARE) Program. This is a collaborative effort between the EOPS, CalWORKs, and the Department of Social Services (to be eligible for the CARE Program, you must meet all of the following criteria):

- Single parent-Head-of-Household
- 18 years or older
- Enrolled in 12.0 or more units
- At least one child under age of 13
- Currently receiving cash aid assistance (you or at least one child must be receiving)
- Current case/EBT Card #: ________________

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<tr>
<th>Child/children names</th>
<th>Age</th>
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**STUDENT RESPONSIBILITY**

As an EOPS student, you will be expected to fulfill all of the following requirements to remain eligible in the EOPS Program. If you agree with the EOPS requirements, please put your initials by the line below:

- Attend the EOPS 101 (Orientation) to review and complete the EOPS Mutual Responsibility Contract.
- Meet with the EOPS counselor three times during each semester (fall and spring).
- Follow the Student Educational Plan (SEP) and the Mutual Responsibility Contract.
- Agree to make academic progress towards an educational goal – complete 6.0 units or above with a 2.0 Grade Point Average at the end of each semester.
- Submit all Progress Reports during the fall and spring semester for all classes you are registered to attend.
- Communicate with the EOPS staff any changes in your class schedule, address, telephone, and other important information pertaining to your academic success.

____________________________________  ________________  ____________________  ____________________
Student Signature                        Date                        Coordinator Signature                        Date

**CERTIFICATION**

As a potential EOPS student, I hereby acknowledge by signing this application I have read and agree to comply with the program requirements and provide all information that will verify the accuracy of my completed EOPS Application. All required documentation must be submitted with your EOPS Application at the time of submission. **Incomplete applications will be denied.**

You are also authorizing the EOPS Program to verify all information provided in accordance with other key campus departments regarding the information you have submitted (FERPA). Eligibility in the EOPS Program will be based on the availability of funds by the State of California, Chancellor’s Office, and according to the priorities established by the Solano College EOPS Program.

____________________________________  ____________________
Student Signature                        Acceptance Date:

Coordinator Signature:

EOPSAPPL 14-15 Revised: 3/31/2015