



# 2009-2010

## Extended Opportunity Programs and Services (EOPS) Application

→→ OFFICE USE ONLY ←←

COMMENTS:  
BOGG:  
UNITS:  
TRANSCRIPT:  
ASSESSMENT TEST:

EOPS Date Stamp:

Social Security Number  
or Student Identification  
Number:

- -

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### TERM/STATUS

Semester of Application:

Fall 2009     Spring 2010    Current Solano Units: \_\_\_\_\_

Your EOPS Status:

New     Returning EOPS Student     Attended at another college (transferred)

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### PERSONAL INFORMATION

Student Name:

Last Name

First Name

Middle

Address:

Street

Apt. #

City

Zip Code

Phone Number:

(    ) -

Message Number:

(    ) -

Date of Birth:

Month / Day / Year

Age:

Gender:

Male     Female

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### STUDENT BACKGROUND

Ethnic Background:

White/Caucasian     Afro-American Black     Hispanic/Latino American  
 Filipino     Asian/Pacific Islander     American Indian/Alaskan  
 Others (Please Specify):

How long have you lived in California?

Parent's Native Language?

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### HOUSEHOLD INFORMATION

What is your current marital status?

Single     Married     Separated     Divorced     Widowed

Please list the age or age/s of your dependent child or children:

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### FINANCIAL INFORMATION

Did you receive the Board of Governor's Fee Waiver?     Yes     No

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## PUBLIC ASSISTANCE

Are you currently receiving Public Assistance?  Yes  No

If Yes, MUST specify:

- General Relief/Assistance (GA)       Supplemental Security Income (SSI)  
 CalWORKs       Others (Specify):

Are you presently receiving benefits from the CalWORKs Program?

If Yes, (Starting Date):  No

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## ACADEMIC HISTORY

High School History:

- High School Diploma       G.E.D.  
 Non-High School Graduate       Others:

What was your High School Grade Point Average:

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 of 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 Vocational Institutions you have attended:

Note: Attach all required copies of transcripts.

College/University

City, State/Country

Years Attended

College/University

City, State/Country

Years Attended

College/University

City, State/Country

Years Attended

Please indicate the Degrees and/or Certificates you have Earned

- None       AA/AS Degree       BA/BS Degree  
 Others (Must Specify):

What is your intended Major at Solano Community College?

If you are unsure, please put undecided.

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

**Note: All information you provided on this application will be subject to verification. Incomplete or inaccurate information provided will significantly delay your application from being processed.**

Student  
Signature:

Date:

EOPS DIRECTOR OR  
DESIGNEE  
SIGNATURE

Date: