



2010-2011

Extended Opportunity Programs and Services (EOPS) Application

→→ OFFICE USE ONLY ←←

COMMENTS:
BOGG:
UNITS:
TRANSCRIPT:
ASSESSMENT TEST:

Date Stamp:

Social Security Number and
Student Identification
Number:

1 TERM/STATUS

Semester of Application: Fall 2010 Spring 2011

Your Status as an EOPS student: New Returning EOPS student Transfer EOPS student

2 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

3 STUDENT BACKGROUND

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

Residency: Are you a California Resident? How long have you lived in California? Are you a U.S. Citizen?

Parent's Native Language? English Others (Please Specify):

4 HOUSEHOLD INFORMATION

Marital Status: Single Married Separated Divorced Widowed
 Dependent

5 FINANCIAL INFORMATION

Did you receive a Fee Waiver from Solano College? Yes No
Have you completed your FASFA (or renewal FAFSA) Application? Yes No
Are you a foster youth? Yes No
Head of Household - total number of all family members in household, including yourself: _____

FINANCIAL INFORMATION (cont.)

Are you currently receiving Public Assistance? Yes No

If Yes, please specify: General Relief/Assistance Supplemental Security Income (SSI)
 Indicate if not Applicable TANF CalWORKs Others (Specify):

Are you presently receiving benefits from the CalWORKs or TANF Programs? If Yes, (Starting Date): _____ No

6 CARE PROGRAM INFORMATION

Additional assistance to current EOPS students who are also eligible single-head-of-household may be available through the Cooperative Agencies for Education (CARE) Program. This is a collaborative effort between 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 #: _____

Child/children names	Age	Date of Birth

7 ACADEMIC HISTORY

High School History: High School Graduate 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
 (copy of high school transcripts required for G.P.A. below 2.5):

What High School did you Graduate from: Name the last High School you attended: N/A
 Indicate if Not Applicable 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:

College/University	City, State/Country	Years Attended

Note: Copy of all transcript/s must be attached with your EOPS Application.

ACADEMIC HISTORY (cont.)

<p><i>Please indicate the Degree and/or Certificates earned. List more than one, if applicable</i></p>	<input type="checkbox"/> None <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree
<p><i>What is your main educational goal while attending Solano College? If you are unsure, please indicate undecided.</i></p>	<input type="checkbox"/> Other: _____ _____ (please specify)
<p><i>Circle the highest level of education your father completed</i></p>	8 9 10 11 12 13 14 15 16 17 18 Not Sure
<p><i>Circle the highest level of education your mother completed</i></p>	8 9 10 11 12 13 14 15 16 17 18 Not Sure

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STUDENT RESPONSIBILITY

	<p>As an EOPS student, you will be expected to fulfill the following requirements to remain eligible in the EOPS Program:</p> <ul style="list-style-type: none"> √ Attend the EOPS Orientation to review and complete the EOPS Mutual Responsibility Contract. √ Meet with the EOPS counselor three times during the fall and spring semester. √ Follow the Individual Educational Plan (IEP) and the Mutual Responsibility Contract. √ Agree to make academic progress towards an educational goal – complete 6.0 units or above with a grade point average above a 2.0 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 regarding any changes in your class schedule, address, telephone, and other important information pertaining to your academic success.
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CERTIFICATION

	<p>Note: As a potential EOPS student, I hereby acknowledge by signing this application that I have read it 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. <u>Incomplete applications will be denied.</u></p> <p>You are also authorizing the EOPS Program to verify all information provided in accordance with other key departments regarding the information you have submitted. 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.</p>
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<p><i>Student Signature</i></p>	<p style="text-align: right;"><i>Date:</i> _____</p>
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