

**COLLEGE OF THE CANYONS
EXTENDED OPPORTUNITY PROGRAMS AND SERVICES (EOPS)
COOPERATIVE AGENCIES RESOURCES FOR EDUCATION (CARE)
APPLICATION**

<input type="checkbox"/> Fall Semester, 20 _____
<input type="checkbox"/> Spring

PLEASE PRINT

Name: _____
(Last) *(First)* *(Middle Initial)*

Social Security Number: _____ Birth date: _____ Female Male

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Married

Number of children: _____

Single (never married)

Children's birth dates: _____

Divorced

Separated

Widowed

Currently receiving CalWORKs or TANF

Head of Household

High School attended: _____ City: _____ State: _____

Date of last attendance: _____

Educational Status (Please check one)

1. High School Diploma

5. Certificate of Completion

2. G.E.D.

6. Foreign High School Graduate

3. Certificate of Equivalency

7. Other Equivalent _____

4. High School Proficiency Exam

8. Did not Graduate

List ALL colleges attended and when: _____

Number of **college** credits **completed**: _____ Are transcripts on file at COC? Yes No

Have you earned a degree? Yes No Degree: _____

CHECK ONE OF THE FOLLOWING:

First time EOPS student

First time EOPS student at this campus, but with previous EOPS experience elsewhere

Continuing EOPS student at this campus, but having skipped one or more terms since last EOPS experience

What is your career choice? _____

What areas are you interested in? _____

What type of job would you like to have when you finish your education? _____

My COC goal is:

Certificate in _____

Transfer—Where: _____ Major _____

AA/AS Degree—Major: _____ and Transfer? Yes No

SOURCE OF INCOME: _____

PLEASE CHECK ALL THAT APPLY TO YOU:

- I plan to work _____ hours per week while attending COC.
- I plan to participate on a sports team at COC. If so, which sports? _____
- I would be willing to go on a field trip to a University campus.

How did you first hear about EOPS at this college?

- EOPS/CARE Recruiter
- Financial Aid
- Counseling
- DSP&S
- Orientation
- Schedule of Classes
- Relative/Friend
- Media
- Admissions
- Other _____

Why did you come to this college? _____

Are there any physical/psychological issues that may prevent you from being successful in college?

- Yes
- No

If yes, please explain: _____

Please check all that apply to you:

- I have completed and submitted to the Financial Aid Office an application for the Board of Governors Grant.
- I am enrolled or intend to enroll full-time (12+ units) at College of the Canyons.
- I have completed less than 70 units of degree applicable credit.
- I did not graduate from High School or obtain a General Education Diploma (GED).
- I graduated from high school with a grade-point average (GPA) lower than 2.5 on a 4.0 scale.
- I have been in a high school or college remedial education class.
- I will be a first generation college student. (Neither parent has ever received a Bachelor's Degree.)
- My parents are not native English speakers. Language spoken: _____

Documentation of the above may be needed for further processing.

WHICH GROUP DO YOU IDENTIFY WITH?

- Native American/American Indian
- Asian/Pacific Islander
- Black
- Caucasian (White)
- Hispanic/Latino/Mexican American
- Filipino
- Other -- Specify: _____

I certify that the above statements are true and I will supply any documents needed to determine eligibility. BY SIGNING BELOW I GIVE PERMISSION TO REVIEW HIGH SCHOOL AND/OR COLLEGE RECORDS.

Signature

Date