

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

Fall Semester, 20____ Spring

PLEASE TYPE AND COMPLETE THE ENTIRE APPLICATION BEFORE PRINTING, SIGNING YOUR NAME ON THE BOTTOM, AND TURNING IT INTO THE EOPS OFFICE (SSC-117).

Name: _____ COC ID #: _____
(Last) (First)

Address: _____ Apt. #: _____ Home Phone #: _____

City: _____ Cell Phone #: _____

State: _____ ZIP: _____ COC email: _____ @my.canyons.edu

Birth Date: _____ Female Male

Marital Status

Married

Single (never married)

Divorced

Separated

Widowed

Number of children: _____

Children's ages & birth dates: _____

Currently receiving CalWORKs/TANF?

Head of Household?

High School attended: _____ City: _____ State: _____

Month & Year of last attendance: _____

Educational Status (Please select one)

High School Diploma

G.E.D.

Certificate of Equivalency

High School Proficiency Exam

Certificate of Completion

Foreign High School Graduate

Other Equivalent _____

Did Not Graduate

List **ALL** colleges attended and when: _____

If no other colleges, type N/A

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

Have you earned a degree? Yes No Degree: _____

CHOOSE 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 skipped one or more terms since last EOPS experience.

My COC goal is:

Certificate in: _____

Transfer—Where: _____ Major _____

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

SOURCE OF INCOME: _____

If applicable – full name of EOPS student that referred you: _____

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? _____

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 _____

What made you decide to attend College of the Canyons:

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

Yes No

If yes, please explain: _____

Enrolled in other COC programs? None Veterans DSPS Foster MESA FYP Athletics

PLEASE CHECK ALL THAT APPLY TO YOU(Documentation may be needed for further processing):

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: _____

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