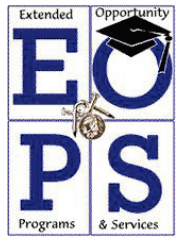




# EXTENDED OPPORTUNITY PROGRAM & SERVICES (EOPS) STUDENT APPLICATION



PO Box 1398  
6162 Rotary Way  
Joshua Tree, CA 92252  
(760) 366-3791, Ext. 4247

Name:  Last  First  Middle

Mailing Address:  Number & Street or PO Box  City  State  Zip Code

Phone:  Day  Cell Phone

Student ID#:  Date of Birth:

## EOPS ELIGIBILITY CRITERIA

- Are you a California resident?  Yes  No  
Active Military or Dependent?  Yes  No
- How many units are you planning to enroll in for the upcoming semester?  12 or more  9 - 11.5  < 9
- Have you earned an Associates degree or any other college degrees?  Yes  No
- Are you currently receiving a California College Promise Grant (formerly known as the Board of Governors Fee Waiver (BOGW))?  Yes  No
- Check all other programs you are currently participating in:  
 ACCESS  CalWORKs  Current/Former Foster Youth  
 SSC  VA Program  Dept. of Rehab

## EDUCATIONAL ASSESSMENT

- Check your highest level of education:  
 High School Graduate  GED  
 Non High School Graduate  HS Equivalency  
 Other \_\_\_\_\_
- High School grade point average (GPA) below 2.5?  Yes  No  
• Have you ever had an IEP or 504 plan?  Yes  No  
• Have you ever been in an Academic Support or Intervention Class?  Yes  No
- Are you, or have you ever been a foster youth, ward of the court, or in kinship/guardianship care?  Yes  No
- Other eligibility criteria:  
• Did your father receive a Bachelors degree?  Yes  No  
• Did your mother receive a Bachelors degree?  Yes  No  
• Is your parents' first language English?  Yes  No
- Ethnicity:  
 Native American/Alaskan  Hispanic  
 Asian/Pacific Islander  Filipino  
 African American  White/Caucasian  
 Other - Specify \_\_\_\_\_

## COOPERATIVE AGENCIES RESOURCES for EDUCATION (CARE) SCREENING

11. Are you 18 year of age or older?  Yes  No

12. Are you a single parent and head of household?  Yes  No

13. Are you raising a child under 18 years of age?  Yes  No

14. Are you or your dependent(s) receiving County Cash Aid?  Yes  No

## OTHER REQUIRED INFORMATION

15. Have you ever attended a college other than CMC?  Yes  No

If yes, are your transcripts on file at CMC?  Yes  No

**\*Transcripts must be submitted before we can process the application\***

• List all previous colleges:

College Name:

College Name:

16. Have you ever participated in EOPS?  Yes  No

If yes, what year? \_\_\_\_\_

Name of College:

17. How did you hear about EOPS?

\_\_\_\_\_

**I certify that the information provided is correct to the best of my knowledge and I agree to request a copy of my transcripts to CMC (if needed).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_