EOPS & CARE

Application Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Acceptance Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



EOPS

**Extended Opportunities**

**Program and Services**



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EOPS

**Extended Opportunities**

**Program and Services**

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SID#\_**900**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizen ( ); Permanent Resident ( ) A#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male or Female Date of Birth\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Ethnicity:

1. \_\_\_ American Indian or Alaska Native 5. \_\_\_ White
2. \_\_\_ Asian 6. \_\_\_ Native Hawaiian or Pacific Islander
3. \_\_\_ Black 7. \_\_\_ More than one race
4. \_\_\_ Hispanic or Latino 0. \_\_\_ No response

What language is spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARENT’S EDUCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Education: Please only list the parent (or parents) whose household you grew up in.

Father’s Education: Mother’s Education

\_\_\_\_\_Less than high school completed \_\_\_\_\_Less than high school completed

\_\_\_\_\_GED \_\_\_\_\_GED

\_\_\_\_\_High school graduate \_\_\_\_\_High school graduate

\_\_\_\_\_Some college \_\_\_\_\_Some college

\_\_\_\_\_College degree (B.A. or B.S.) \_\_\_\_\_College degree (B.A. or B.S.)

\_\_\_\_\_Graduate or professional degree \_\_\_\_\_Graduate or professional degree

## FINANCIAL INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_Single \_\_\_\_\_Married \_\_\_\_\_Divorced or separated

Are you receiving TANF/Cash Aid? Yes No

Do you have dependents? Yes No How many? \_\_\_\_\_\_\_\_Ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did anyone claim you as a dependent on his or her tax return last year? \_\_\_\_\_ Yes \_\_\_\_No

Did you file a tax return for last year? \_\_\_\_\_ Yes \_\_\_\_No

Number of people in your household \_\_\_\_\_\_\_(This includes anyone listed on your tax forms as part of your family unit)

Please list your family’s taxable income for last year.

If you are a dependent student, list both yours and your parent(s)’ incomes together.

$ \_\_\_\_\_\_\_\_\_\_\_\_

If you are an independent student, list both you and your spouse’s incomes together. $ \_\_\_\_\_\_\_\_\_\_\_\_

**REQUIRED PAPERWORK**:

1) Board of Governor’s Grant (BOG) ***aka California Promise Grant*** print-out

2) Student Detail Schedule printout

Are you receiving Financial Aid at Feather River College? Yes or No

Do you have a disability? (Physical, learning, and/or psychological) Yes or No

If yes, please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have documentation regarding your disability? Yes or No

Do you think your disability will affect your ability to participate in educational experiences at FRC?

Yes or No

# EDUCATIONAL INFORMATION & GOALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA\_\_\_\_\_\_\_\_\_

Diploma ☐ or G.E.D. ☐ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any College Previously Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any degrees or certificates you currently possess:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your major or career interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What degree do you wish to acquire? Associate’s Degree ☐ Bachelor’s Degree ☐

Master’s Degree ☐ Doctorate ☐ Professional Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMPLOYMENT STATUS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently working? Yes or No If yes, how many hours per week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If determined eligible for the EOPS Program, I agree***

***to comply with the following conditions:***

***You must sign a “Mutual Responsibility Contract”***

**You must** complete a Progress Report each semester and if the progress report shows that you are dropping below a 2.0 GPA in any course you will need to accept a tutor for that class.

**You must** attend an Orientation each semester or view the online presentation.

**You must** maintain at least 12 units

**You must** maintain at least a 2.0 GPA

**You must** follow your Student Educational Plan (SEP) agreed to with your EOPS Counselor or Advisor

**You must** meet with EOPS personnel at least three times each semester.

# CONFIDENTIALITY AND STUDENT RELEASE OF INFORMATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EOPS handles student information confidentially. EOPS will use this information to verify your program eligibility to the Federal Government and to provide you with personal and academic services that may occasionally require the use of your personal information for additional research. Your signature below verifies your full agreement and understanding of this application.

* *I authorize EOPS to: obtain disability data, financial aid documents, transcripts and assessment scores; verify citizenship and my academic standing in order to provide EOPS services for me.*
* *I certify that the information I have given is correct to the best of my knowledge. I understand that if any of this information is found to be false, my eligibility for EOPS services will be jeopardized.*

Student

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

EOPS Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_