

EOPS & CARE

Feather River College
Extended Opportunity Program & Services
Cooperative Agencies Resources for Education

Date _____

Name _____ SS# _____

Address: _____

Phone: _____ City _____ State _____ Zip _____

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

Male or Female Date of Birth _____ / _____ / _____

Ethnicity:

- | | |
|--|---|
| 1. <input type="checkbox"/> American Indian or Alaska Native | 5. <input type="checkbox"/> White |
| 2. <input type="checkbox"/> Asian | 6. <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| 3. <input type="checkbox"/> Black | 7. <input type="checkbox"/> More than one race |
| 4. <input type="checkbox"/> Hispanic or Latino | 0. <input type="checkbox"/> No response |

PARENT'S EDUCATION

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

Father's Education:

- Less than high school completed
- GED
- High school graduate
- Some college
- College degree (B.A. or B.S.)
- Graduate or professional degree

Mother's Education

- Less than high school completed
- GED
- High school graduate
- Some college
- College degree (B.A. or B.S.)
- Graduate or professional degree

FINANCIAL INFORMATION

Marital Status: Single Married Divorced or separated

Are you receiving TANF/Cash Aid? Yes No

Do you have dependants? 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.

\$ _____

Are you receiving Financial Aid at Feather River College? Yes 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 complete a Progress Report each semester 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: _____