



2020-2021 Application

Birthdate: / / Age

Last Name	<input type="text"/>	First Name	<input type="text"/>
Preferred Name	<input type="text"/>		W# <input type="text"/>
Address	<input type="text"/>		
City	State	ZIP	Telephone (H) <input type="text"/>
			(C) <input type="text"/>
Email	<input type="text"/>		

HAVE YOU:

A. **Applied** for EOPS before? Yes No If Yes, what year(s):

What College(s):

C. **Participated** with Disabled Students Program & Services (DSPS) and/or Learning Skills? Yes No

D. **Participated** with CalWORKS? Yes No

E. **Attended** another college? Yes No

F. **List all colleges attended (including Las Positas):**

	College Name	City/State or County	Dates Attended From mo/yr -to- mo/yr	Degree(s) Earned
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENCY

A. California Resident Yes No Lived in California since: Month Year

B. U.S. Citizen Yes No Immigrant-Permanent Resident (green card holder) Yes No

FAMILY BACKGROUND DATA

A. Number of family members in your household: Number of your children:

Ages of your children:

Marital Status: Single Married Separated Divorced Widowed

B. Source of income

Employment Unemployment Compensation SSI CalWORKS/TANF Parents

C. Ethnic Background:

- African American Middle Eastern (country)
- American Indian/Alaskan Native Pacific Islander (country)
- Asian (country)
- Filipino White (Caucasian)
- Hispanic, Latino, Chicano Other:

EDUCATIONAL INFORMATION (Check all that apply)

A. Educational Goals

Associates Degree Transfer to a 4-year college or university Certificate Undecided

Name of transfer college or university:

B. Major:

C. Did your parent(s) graduate in high school? Yes No

D. Is English the main language spoken in the home? Yes No If "No," what languages?

E. Are you a high school graduate? Yes No High School GPA:

High School last attended:

Name of High School: City/State or County

Date of Graduation:

F. Did you receive a GED? Yes No If "Yes," when did you receive your GED? Month Year

G. Are you receiving Veterans Educational Benefits? Yes No

H. Have you ever been a Dependent of the Court or a Foster Youth? Yes No

CERTIFICATION: Read this statement and sign below:

I hereby swear or affirm, under penalty, that all information on this form is true and complete to the best of my knowledge. I also realize that any false statement or failure to give proof when asked, may be cause for exclusion from participation in the EOPS program.

**** I give the EOPS/CARE Program permission to print my name in EOPS publications (i.e. EOPS newsletters, website, recognition programs) to recognize my accomplishments.** Yes No

Student Signature: _____ Date: _____

How did you hear about EOPS?