



## 2019-2020 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)   White (Caucasian)  
 Filipino  Other:   
 Hispanic, Latino, Chicano

## 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?