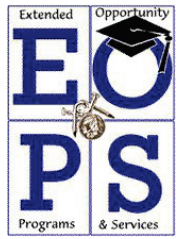




EXTENDED OPPORTUNITY PROGRAM & SERVICES (EOPS) STUDENT APPLICATION



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

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

EDUCATIONAL ASSESSMENT

- 6. Check your highest level of education:
 - High School Graduate GED
 - Non High School Graduate HS Equivalency
 - Other _____
- 7. 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
- 8. Are you, or have you ever been a foster youth, ward of the court, or in kinship/guardianship care? Yes No
- 9. 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
- 10. 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: _____