# EOPS / CARE / NextUp / Guardian Scholars Programs Application



Student Services Center, 2nd Floor | 15744 Goldenwest Street, Huntington Beach, CA 92647 | 714-895-8768 | Fax: 714-895-8907

STUDENT EDUCATIONAL BACKGROUND

Have you ever been enrolled in remedial courses? • O Yes • O No

Is your primary language spoken at home English? • Yes • No

# EOPS EXTENDED OPPORTUNITY PROGRAMS & SERVICES

EOPS is a statefunded program serving students who face economic, language, social and/or educational barriers. EOPS assists students to attain their educational and career goals as they prepare to enter an increasingly technological and multicultural society. The goals of the program are to encourage the enrollment, retention and transfer of students by providing academic and support counseling, financial assistance, and many other support services.

# STUDENT INFORMATION Student Name: \_\_\_\_\_ Student ID: C0 School E-mail: \_\_\_\_ Date of Birth: \_\_\_\_ Telephone: \_\_\_ **Gender:** O Male O Female O Prefer not to say **Ethnic Background:** O African American/Black O Hispanic/Latino O American Indian/Alaskan Native O Native Hawaiian/Other Pacific Islander O Anglo/White O Other: O Asian **ELIGIBILITY FOR PROGRAM AND SERVICES** How many units do you plan to take this semester? ○ 12 or more ○ 9-11.5 O Below 9 (DSPS Reduced Course Load Verification letter needed for less than 9 units) Have you applied for the California College Promise Grant (CCPG), Free Application for Federal Student Aid (FAFSA), or California Dream Act for the current semester? • Yes • No Are you receiving services with Disabled Students Programs and Services (DSPS)? O Yes (Submit the DSPS Reduced Course Load Verification letter to the EOPS office) O No.

Did you receive a High School Diploma, G.E.D., or High School Equivalency? • Yes • No

Did either of your parent(s)/guardian(s) graduate from a 4-year college/university? • Yes • No

Have you attended another college or university? O Yes / Where: \_\_\_\_\_\_ O No

What was your High School Grade Point Average (GPA)? O Below 2.5 O Above 2.5

CARE COOPERATIVE
AGENCIES
RESOURCES FOR
EDUCATION
CARE is designed
to help single
parent students
who are receiving
public assistance
(CalWORKs/TANF)
achieve academic
and personal
success.

## NEXTUP/ GUARDIAN SCHOLARS

The NextUp/
Guardian Scholars
program supports
current and former
foster youth to
achieve their
academic and
personal goals.

### **CARE ELIGIBILITY**

Are you a single parent and head of household? O Yes O No

**Are you or your child/ren currently receiving CalWORKs/TANF?** O Yes O No If yes, please submit the Agency Certification form to the EOPS office

Are you 18 years of age or older? O Yes O No

Name of child(ren)	Age	Gender	Relationship to you

## **NEXTUP/GUARDIAN SCHOLARS ELIGIBILITY**

Have you ever been a Dependent/Ward of the If yes, you might be eligible for additional se	
If YES in what County/State?	What age did you enter care?
What age did you exit (i.e., emancipated, adop Write N/A if you are receiving AB12 Extend	

Are you currently on juvenile probation or have you ever been on juvenile probation? O Yes O No

Did you select YES on the following FAFSA question: At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? O Yes O No

Do you have a copy of your Ward of Court/Dependency Letter? (If you do not have a copy, you can request one by calling the Foster Youth Ombudsman's Office hotline: 1-877-846-1602. Select no if you were never formally in care.) O Yes O No

Are you currently or have you ever been homeless (including "couch surfing," or staying in a motel or shelter)? O Yes O No

#### **CERTIFICATION**

Intake Staff: \_

I certify that all of the information is correct to the best of my knowledge. I grant the Golden West College EOPS office the authority to verify and/or obtain the records necessary to document the above information, as well as, to receive information regarding my college and academic status from other college departments. I understand that it may be necessary to provide further documentation to determine my eligibility for EOPS, CARE, and/or Guardian Scholars services.

Signature: Date:	



Date:\_