

PLEASE RETURN THIS FORM TO THE EOPS OFFICE

**COLUMBIA COLLEGE
2009-2010
EXTENDED OPPORTUNITY PROGRAMS AND SERVICES (EOPS)
APPLICATION**

Name: _____ Student ID # (or SS#): _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birth Date: ____/____/____ Age: _____

Gender: F M Email Address: _____

Major: _____ Educational Goal: Certificate Associate degree Transfer

Where did you hear about the EOPS Program? _____

- 1. Are you a California Resident?Yes No
 - 2. Do you plan to enroll in 12 or more units?Yes No
 - 3. Have you completed less than 70 units?Yes No
 - 4. Have you attended any other college?Yes No
- If YES:** Please List college(s)? _____

- 5. Have you been a Columbia College EOPS participant before? Yes No
- If YES:** When? Year _____ Semester _____
- 6. Did you participate in EOPS at a different college last semester?Yes No
- If YES:** Where? _____

EDUCATIONAL CRITERIA:

- A. Have you taken the Columbia College Assessment Test? ...Yes No
 - B. Did you graduate from high school?Yes No
- If NO:** Did you complete your GED?Yes No
- Or** Pass High School Proficiency Test?Yes No
- C. Was your high school G.P.A below 2.5?Yes No
(High school transcripts must be on file or provided)
 - D. Are you currently enrolled or have you ever been enrolled in remedial skills classes?Yes No
 - E. 1) Has either parent received a Bachelor's degree?Yes No
 - 2) Is English your first language?Yes No
 - 3) What is your ethnicity? _____
 - 4) Are you an emancipated foster youth?Yes No

CARE ELIGIBILITY SCREENING

- Are you receiving TANF/CalWORKs?Yes No
- Are you a single parent and head of household?Yes No
- Do you have a child under the age of 14?Yes No

FOR OFFICE USE:

California Resident? Yes No
Under 70 units? Yes No

EDUCATIONAL CRITERIA:

- A. Assessment Scores:
English: _____ Math: _____
- B. High School, GED, Proficiency
- C. High School GPA below 2.5
- D. Previously enrolled in remedial ed.
- E. Other eligible characteristics/qualities

ECONOMIC CRITERIA:

BOGFW~A _____
BOGFW~B _____
BOGFW~C _____ (Not Eligible)
NO BOGFW _____ (Not Eligible)

ELIGIBILITY DETERMINATION:

Units presently enrolled: _____
 Ineligible Educational
 Economic Other
 Eligible New
 9-11.5 units Returning
 <9 units (DSPS Verified)

Comments: _____

EOPS DIRECTOR _____ DATE _____

**The information provided is true and correct to the best of my knowledge.
I understand if I provide false information, I may be denied services offered by EOPS.**

Student Signature _____ **DATE** _____