



# Foothill College

## EOPS Department

### Student Application

Appointment with _____	<input type="checkbox"/> CARE	<input type="checkbox"/> Summer 20__
Day _____ Date _____	<input type="checkbox"/> DRC	<input type="checkbox"/> Fall 20__
Time _____		<input type="checkbox"/> Winter 20__
		<input type="checkbox"/> Spring 20__

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  
Last First MI Student ID

Street \_\_\_\_\_  
 City CA Zip \_\_\_\_\_  
 Cell phone : (\_\_\_\_) \_\_\_\_\_  
 Home phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

<p><b>1. GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <small>(refer to college application)</small></p> <p><b>2. EDUCATIONAL BACKGROUND</b></p> <p><input type="checkbox"/> None <input type="checkbox"/> High School Diploma  <input type="checkbox"/> GED / Professional Exam / Adult Education</p> <p><b>High School Attended</b></p> <p>_____  <small>Name</small></p> <p>_____  <small>Location</small></p> <p>_____  <small>Year</small></p> <p><input type="checkbox"/> <b>College:</b> Official college transcript(s) required to determine EOPS eligibility</p> <p>_____  <small>Name Units</small></p> <p>_____  <small>Name Units</small></p> <p>_____  <small>Name Units</small></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">       Total verified units: _____ quarter units (Staff only)     </div>	<p><b>4. EDUCATIONAL GOAL(S)</b></p> <p><input type="checkbox"/> AA/AS Degree _____  <small>Major</small></p> <p><input type="checkbox"/> 4-Year Transfer _____  <small>Major</small></p> <p><input type="checkbox"/> Certificate of <input type="checkbox"/> Proficiency  <input type="checkbox"/> Completion  <input type="checkbox"/> Achievement</p> <p><b>5. EOPS STATUS</b></p> <p><input type="checkbox"/> New, no prior EOPS Experience</p> <p><input type="checkbox"/> New, but with prior EOPS experience elsewhere _____  <small>College Year</small></p> <p><input type="checkbox"/> Former EOPS at Foothill College _____  <small>Year</small></p> <p><b>6. ENROLLMENT STATUS</b></p> <p><input type="checkbox"/> First-time college student</p> <p><input type="checkbox"/> First-time transfer</p> <p><input type="checkbox"/> Continuing (consecutive quarter)</p> <p><input type="checkbox"/> Returning transfer (enrolled here, transferred, returned here)</p> <p><input type="checkbox"/> Re-entry (attended college, skipped several terms, returned to college)</p>
--	---

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 EOPS Director's or Designee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

(Complete reverse side only if you are a single parent)

# Cooperative Agencies Resources for Education (CARE) Eligibility Form

Term Accepted: \_\_\_\_\_

## I. Preliminary Criteria

Do you receive TANF (Temporary Aid to Needy Families)?  Yes  No

Beginning Date: \_\_\_\_\_

Verification form required (see CARE representative).

Are you at least 18 years of age? .....  Yes  No

Are you a single, head of household? .....  Yes  No

Are you part of the CalWORKs program? .....  Yes  No

## II. Marital Status

Please check one of the following:

Married  Single  Divorced  Separated  Widowed

## III. Personal Information

Please list the names of all children.

_____	_____	_____
Name (Last, First)	Age	Birth date
_____	_____	_____
Name (Last, First)	Age	Birth date
_____	_____	_____
Name (Last, First)	Age	Birth date
_____	_____	_____
Name (Last, First)	Age	Birth date
_____	_____	_____
Name (Last, First)	Age	Birth date

# Foothill College

## EOPS Department

### EOPS Educational Eligibility Certification

Name: \_\_\_\_\_ CWID: \_\_\_\_\_  

Last
First
MI
Student ID

As of October 24, 1987, Title V regulations state that in order for a student to be eligible to receive EOPS (Extended Opportunity Program and Services), she/he must be educationally disadvantaged as determined by the EOPS director or the designee (Article 2, section 56220 e). In making that determination for the above student, the EOPS director or designee shall be consider one or more of the following factors:

### Supporting Documents

	YES	NO	
1. This student did not qualify for the enrollment into the minimum level English or mathematics course that is applicable to the associate degree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Test Scores
2. This student did not graduate from high school or did not obtain a G.E.D.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> High School Transcripts <input type="checkbox"/> Non-Graduation Certification <input type="checkbox"/> Self-Certification
3. This student graduated from high school with a grade point average below 2.5 on a 4.00 scale.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> High School Transcripts <input type="checkbox"/> Self-Certification
4. This student was previously enrolled in high school or college remedial education.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> High School Transcripts <input type="checkbox"/> College Transcript <input type="checkbox"/> Self-Certification
5. Other factors <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Director's Designee's Certification

Staff only

<input type="checkbox"/>	APPROVED	Base on a verification check as indicated above, this student is educationally disadvantaged and is eligible for EOPS.
<input type="checkbox"/>	DISAPPROVED	Based on a verification check as indicated above, this student is not educationally disadvantaged and is not eligible for EOPS.
_____		_____
EOPS Director's or Designee's Signature		Date

As an eligible EOPS student, I hereby certify that the following documents are unavailable and/or that the OTHER FACTORS category is true to the best of my knowledge.

UNAVAILABLE  
DOCUMENTS

1. High School test scores  
Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

2. High School transcripts  
Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

3. College/University test scores  
Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

4. College/University transcripts  
Explanation:  
\_\_\_\_\_  
\_\_\_\_\_

OTHER  
FACTORS

- 1. First generation college student
- 2. Member of an underrepresented minority group as defined by Foothill College's student equity goals. Group: \_\_\_\_\_
- 3. Primary language spoken at home is other than English  
Language: \_\_\_\_\_
- 4. Emancipated or Foster Youth (Documentation required)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**Extended Opportunity Program and Services**  
**Foothill College**  
 Mutual Responsibility Contract

Student Name \_\_\_\_\_

CWID \_\_\_\_\_  
 Student ID \_\_\_\_\_

Student Responsibilities	EOPS/CARE Program Responsibilities
<p>I hereby acknowledge and understand that if I am accepted into the EOPS/CARE program at Foothill College, I will:</p> <ol style="list-style-type: none"> <li>1. Meet with an EOPS counselor for the purpose of developing or submitting an Educational Plan with the EOPS Department prior to or soon after enrollment and subsequent quarters;</li> <li>2. Agree to meet with an EOPS counselor, twice per quarter (one in summer session);</li> <li>3. Agree to follow my Educational Plan or consult with an EOPS counselor before <b>adding/dropping course(s)</b> or <b>withdrawing from Foothill College</b>;</li> <li>4. Enroll in and complete at least 12 units per quarter (6 units during summer session), and I will maintain at least a 2.0 grade point average (GPA) each quarter (failure will result in EOPS probation);</li> <li>5. Register and complete CNSL 275 the term I am being accepted in the program;</li> <li>6. Agree to submit one (1) Progress Report, as scheduled.</li> <li>7. Verify my EOPS Standing with the front desk staff;</li> <li>8. Contact an EOPS counselor if I encounter personal, academic, or financial difficulties, which may interfere with the successful completion of my course-of-study;</li> <li>9. Take any supplementary course(s), educational workshop (s) and /or assessment test(s) that may be prescribed by the EOPS director and/or a counselor or as required by Foothill College;</li> <li>10. Keep updated my contact information at MyPortal.</li> </ol>	<p>The EOPS/CARE program will agree to provide the following support services in order to provide the assistance necessary to be a successful student at Foothill College:</p> <ol style="list-style-type: none"> <li>1. Book vouchers for required textbooks</li> <li>2. Priority registration for eligible students</li> <li>3. Dedicated Counseling</li> <li>4. Grants and/or pay student's Basic Fees*</li> <li>5. Scholarships for eligible students</li> <li>6. Tutorial Services</li> <li>7. Field trips to regional college &amp; universities</li> <li>8. Recommendations for: EOP programs for California State Universities, university admissions, scholarship applications, and employment opportunities</li> <li>9. Application fee waivers to UC and CSU campuses</li> <li>10. Direct referrals to campus and community services</li> <li>11. Test fee for state licensing</li> <li>12. Computer lab and printing (for educational purposes only)</li> <li>13. Calculators and laptops on loan (First-come, first-served basis)</li> <li>14. Photocopies for educational purposes</li> <li>15. Cap and Gown for graduating students</li> </ol> <p>* Based on state funding and student eligibility</p> <hr/> <p><u>Additional services for <b>CARE</b> students only:</u></p> <ol style="list-style-type: none"> <li>1. Educational supplies</li> <li>2. Gas cards</li> <li>3. Meal cards</li> <li>4. Grants (based on stated funding and student eligibility)</li> </ol>

**STATEMENT**

As an eligible EOPS/CARE student, I hereby verify that I have read and understood my rights and responsibilities as a participant in this program. **I also acknowledge that if I fail to fulfill the requirements above, I will lose EOPS service.** By signing this contract, I also authorize the release of information to the EOPS Department or other educational institutions.

This agreement is valid until I withdraw, graduate and/or transfer from Foothill College, or once I have accumulated 105 or more degree applicable units, or have been provided EOPS services for six consecutive quarters.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Counselor's/Designee's Signature

\_\_\_\_\_  
 Date