

# **IMPORTANT INFORMATION!**

- The EOPS/CARE/NEXTUP program is an academic support program. In order to be successful in this program your active participation is required.
- Students who are accepted into the EOPS/CARE/NEXTUP program are required to attend an EOPS /CARE/NEXTUP student orientation. These orientations are scheduled at various times either before the semester begins or during the first week of the semester.
- The EOPS/CARE/NEXTUP program admits students on a space available basis. It is important to apply as early as possible.
- Unfortunately, the EOPS/CARE/NEXTUP office is unable to make photocopies. Please make copies of your documents prior to submitting your application.

## **Extended Opportunity Program & Services/Cooperative Agency Resources for Education Application**

### **HOW DO I APPLY FOR EOPS/CARE/NEXTUP?**

To apply for the EOPS/CARE/NEXTUP Program(s) you must return the completed EOPS/CARE application package to the EOPS office located in the Student Support Center, L-106. Or attend one of the EOPS/CARE/NEXTUP applications workshop

#### **EOPS ELIGIBILITY CRITERIA:**

In order to be considered for the EOPS Program you must:

- ✓ Be a California resident
- ✓ Be enrolled in 12 units or more for the Fall 2019 semester\*
- ✓ Have not completed more than 40 degree applicable units at the end of the Spring 2019 semester
- ✓ Qualify for a California College Promise Grant (BOGW A or B)

#### **You must also meet one of the following criteria below:**

- Guided Self Placements or Assessment results in Basic English, Basic Math, or Basic ESL class
- Did not graduate from high school
- Did not receive a G.E.D.
- Did not pass a High School Proficiency Exam
- Your high school GPA was 2.49 or below (copy of high school transcript necessary)
- Previously enrolled in remedial courses
- Other CCCC approved Educationally Disadvantaged

#### **CARE Eligibility Criteria:**

In order to be considered for the CARE Program you must be EOPS eligible and meet the following requirements:

- Single Head of Household
- Currently receiving CalWORKs or TANF cash aid
- Have at least one child 13 years old or younger

If you can answer **YES** to all of the questions, please complete the CARE Application on the back.

#### **NextUp Eligibility Criteria:**

In order to be considered for the NextUp Program you must be EOPS eligible and meet the following requirements:

- Must be under 26 years of age
- Must have received Foster Care Services on or after your 16<sup>th</sup> birthday
- Must be enrolled in 9 units or more

#### **HOW TO APPLY:**

##### **DOCUMENTS NEEDED TO SUBMIT YOUR APPLICATION:**

**Your EOPS application is complete and ready to submit if you have the following:**

- Copy of CRC transcripts (Even if it is your 1<sup>st</sup> semester)
- Copy of other college transcripts (if applicable)
- Copy of Fall 2019 semester enrollment (Showing you are **enrolled** in a minimum of 9 units at CRC and 3 units at another Los Rios College, 12 units TOTAL required.)\*
- Copy of Math & English/ESL assessment/placement scores
- Copy of **updated** two semester Fall 2019 and Spring 2020 Student Educational Plan (ISEP/SIP) prepared by a CRC Counselor
- Copy of California College Promise Grant "A" or "B" Receipt for Fall 2019
- Completed, signed, and dated application

**Your CARE application is complete and ready to submit if you have the following:**

- Most current CalWORKs verification
- Complete, sign and date EOPS and CARE application

**\*If you plan to be enrolled in less than 12 units for Fall 2019, or if you need help completing this application please contact the EOPS office for more information.**

**DUE DATE: FIRST COME – FIRST SERVED (SPACE IS VERY LIMITED, APPLY EARLY!)**



# EOPS APPLICATION

*Extended Opportunity Programs & Services*

**PLEASE PRINT CLEARLY (INK ONLY)**

STUDENT ID # \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender:  M  F (optional)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ CRC GMAIL: W \_\_\_\_\_ @apps.losrios.edu \*we only email to school email

**Ethnicity (optional)**

- American Indian or Alaskan Native
- Black, African-American
- Pacific Islander
- Caucasian, White
- Asian-American, Chinese, Japanese, Korean, Laotian, Vietnamese
- Hispanic, Latino, Mexican-American
- Filipino
- Russian or other Eastern European
- Other

Primary Language \_\_\_\_\_

Have you ever been an EOPS student?  Yes  No **If yes, where?** \_\_\_\_\_  
Have you taken courses at CRC?  Yes  No  
Have you attended other colleges?  Yes  No **If yes, please list** \_\_\_\_\_

**(You are required to submit other college transcript(s) to EOPS)**

College major: *(if undecided, please indicate General Education)* \_\_\_\_\_

Educational Goal(s): **(check all that apply)**  Certificate  AA/AS Degree  Transfer

Did you graduate from high school?  Yes  No **If yes**, was your high school G.P.A. 2.49 or below?  Yes  No  
**(If yes, attach a copy of your high school transcript(s).)**

Did you take the GED or high school proficiency exam?  Yes  No **If yes**, did you pass the test?  Yes  No

Are you a current or former Foster Youth?  Yes  No

Were you receiving Foster Care Services on or after your 16<sup>th</sup> birthday?  Yes  No

Have either of your parents earned a Bachelor degree, BA or BS?  Yes  No

**EOPS Student Certification**

I hereby swear or affirm that all information on this form is true and complete to the best of my knowledge, and that any false statements/information or failure to give proof when asked, will result in my immediate removal from the EOPS/CARE program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

**APPLICATION CHECKLIST**

- California College Promise Grant
- ASSESSMENT RESULTS OR SELF PLACEMENT
- ISEP (CURRENT – 2 sem)
- ENROLLMENT (12+ units)
- CRC TRANSCRIPT
- OTHER TRANSCRIPTS
- SIGNATURE
- CARE/CalWorks Verification

Rec'd by: \_\_\_\_\_

**UNITS COMPLETED:**

\_\_\_\_\_ LRCCD Units \_\_\_\_\_ Other College  
\_\_\_\_\_ Total Units \_\_\_\_\_ Total Degree App. Units

**EDUCATIONAL QUALIFICATIONS:**

- (A) Math Assessment \_\_\_\_\_  
English Assessment \_\_\_\_\_
- (B) Non High School Graduate \_\_\_\_\_  
Non-GED \_\_\_\_\_
- (C) 2.50 GPA \_\_\_\_\_
- (D) Remedial Enrollment \_\_\_\_\_
- (E) Other: \_\_\_\_\_

BOGW  A  B

SEP: \_\_\_\_\_

UNITS ENROLLED: \_\_\_\_\_

- Approved  DSPS
- 10%  Disapproved

**EOPS/MIS INFORMATION:**

Eligibility Factor: \_\_\_\_\_  
End of Term Status: **E** \_\_\_\_\_  
Units Planned: \_\_\_\_\_  
Acceptance Term: FA 2019

Counselor or Designee \_\_\_\_\_

EOPS Director \_\_\_\_\_

- Refer to CARE
- Refer to NextUp

**Comments:**  Pending



If you are a single parent, on CalWORKs/TANF (Cash Aid) and have at least one child receiving benefits, YOU MAY BE ELIGIBLE for the CARE program. To be considered for the CARE program and services, please complete the following:

1. Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Last First
2. Are you or your children currently on CalWORKs/TANF? (Must be receiving cash aid)  Yes  No
3. Are you single-head of household?  Yes  No

**If you answered NO to question 2 or 3, STOP! You do not qualify at this time.**

4. How long have you been receiving cash aid(s)? \_\_\_\_\_ What county? \_\_\_\_\_
5. Marital Status:  Single  Married  Separated  Divorced
6. List the ages and birth dates of all your dependent children.

	Age	Name of Child	Child's Date of Birth <i>For example: 05/08/2000</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**CARE Student Certification**

I will notify the CARE program if there is a change in my financial or marital status. Your signature below will give us the consent if necessary to contact your caseworker or another county worker to verify the information you provided.

Student's Signature/Self-Certification: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

**CARE**

New  Reapply

Approved

Disapproved \_\_\_\_\_

Pending \_\_\_\_\_

Wait List \_\_\_\_\_

\_\_\_\_\_  
CARE Advisor Signature Date

**CARE/MIS INFORMATION:**

CARE Status: C

Marital Status: \_\_\_\_\_

TANF Duration: \_\_\_\_\_

CARE Term of Acceptance Term/Year: Spring 2019

Number of Dependents: \_\_\_\_\_