WHAT IS EOPS/CARE

A state funded program which provides support and services to eligible students.

HOW DO I QUALIFY?

If you are determined to be economically and educationally disadvantaged according to program guidelines (Title V)

HOW DO I APPLY?

Before you submit completed EOPS/CARE Application, you must:

✓ Apply for the California Board of Governor’s Enrollment Fee Waiver (BOG)
✓ Complete a Cabrillo College Assessment Test
✓ Register in 12 units
✓ Have an EMAIL account (we can assist in helping you get one)

WHAT ARE THE SERVICES?

✓ Academic Counseling
✓ Peer Counseling
✓ College Survival Classes/Workshops
✓ Application Assistance
✓ Priority Registration
✓ Computer Lab
✓ Financial Aid* (Grants)
✓ Book Vouchers*
✓ School Supplies*

WHAT ARE MY RESPONSIBILITIES?

✓ Participate in EOPS/CARE required activities:
  • Mandatory EOPS Orientation
  • CARE Workshops
✓ Enroll in at least 12 units
  Less than 12 units requires Director approval
✓ Complete 12 semester units with a GPA of at least 2.0
✓ Develop an Education Plan
  Any changes affecting my educational plan/goals must be reviewed with an EOPS/CARE Counselor. Educational Plans must be updated once a year
✓ Notify EOPS/CARE, Admissions & Records, and Financial Aid Offices immediately of any changes to contact information: address, phone numbers, emails, etc.
✓ Notify my EOPS/CARE Counselor of any circumstances that may adversely affect my attendance
✓ Meet with my EOPS/CARE Counselor three (3) times per semester. Coming in once a month will satisfy this requirement.

* Subject to availability of funds and the fulfillment of program guidelines. For further information, please contact us.

NOTE: Please keep this top sheet for future reference.
APPLICATION FOR
EXTENDED OPPORTUNITY PROGRAM AND SERVICES / COOPERATIVE RESOURCES FOR EDUCATION
E O P S / C A R E

* ALL APPLICANTS MUST APPLY FOR THE *
“FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)”
PRIOR TO SUBMITTING THIS APPLICATION

ID#: __________________ Birthdate: __________ Birthplace: _______________ Female____ Male____

Name: __________________________
LAST FIRST MIDDLE

Address: __________________________
NUMBER STREET CITY STATE ZIPCODE

Phone: __________________ Cell: _______________ E-Mail: __________________________

CALIFORNIA RESIDENT: YES____ NO____ IF NO, ARE YOU AN AB540 STUDENT YES____ NO____

I HAVE BEEN IN AN EOPS PROGRAM: YES____ NO____ IF YES, COLLEGE TRANSCRIPTS ARE REQUIRED TO DETERMINE ELIGIBILITY.

TOTAL SEMESTER COLLEGE UNITS COMPLETED _______ OR QUARTER UNITS _______

• Other college/university (NOT Cabrillo) transcripts are needed to determine eligibility.
• If you have completed 70+ units, a Bachelor’s, or a Master’s degree, you are not eligible for this program.

CABRILLO STATUS: NEW____ CONTINUING____ RETURNING____

CHECK ONLY ONE: ETHNICITY: PLEASE CHECK ONE

I received or will receive a:
High School Diploma*_____
GED_____
I am or will be a non-graduate____

Date expected to graduate: _______ Other: Please specify: _______________

*High School GPA __________

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: YES____ NO____ IF YES, SPECIFY ______________

ONE OR BOTH OF MY PARENTS GRADUATED FROM COLLEGE: YES________ NO________

YOUR MARITAL / LIVING STATUS:
Married ____ Divorced ____ Separated ____ Single ____ Widowed ____ Live with parents____ Independent____

NUMBER OF CHILDREN: _______ CALWORKS / CASH AID PARTICIPANT: YES____ NO____

I hereby authorize the release of my records to the office of EOPS for the period that I am registered and receiving services.

Student Signature: __________________ Date: _______________

DATE
INITIAL
### ELIGIBLE

<table>
<thead>
<tr>
<th>A</th>
<th>Not qualified for enrollment in minimum level English or Math.</th>
<th>___ Cabrillo Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Did not graduate from high school or obtain GED.</td>
<td>___ HS Transcript</td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ Non-Grad/Certification</td>
</tr>
<tr>
<td>C</td>
<td>High School GPA below 2.5.</td>
<td>___ HS Transcript</td>
</tr>
<tr>
<td>D</td>
<td>Previously enrolled in remedial.</td>
<td>___ HS Transcript</td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ College Transcripts</td>
</tr>
<tr>
<td>E</td>
<td>Other eligible characteristics.</td>
<td>___ Director Certification</td>
</tr>
</tbody>
</table>

### INELIGIBLE

| F   | Not a California resident.                                   |
| G   | Not qualified to receive a BOG A or B (income too high).    |
| H   | Over 70 degree applicable units completed.                   |
| I   | Determined not to be educationally disadvantaged.            |
| J   | Not enrolled full-time nor in the authorized number of units.|

### NOT APPLICABLE

| Y   | ___ Not applicable because student documentation is incomplete. |
|     | ___ Unable to determine eligibility. EOPS/CARE application is incomplete. |

### DIRECTOR’S CERTIFICATION

____________________________________________                    ______________
EOPS/CARE Director                                    Date