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 FAFSA (Federal Student Aid/Pell Grant)
✓ Complete a Cabrillo College Assessment Test
✓ Enroll in minimum of 12 units for semester applying
✓ Have an EMAIL account (we can assist)

WHAT ARE THE SERVICES?
✓ Academic Counseling
✓ Peer Counseling
✓ Free Tutoring
✓ College Survival Classes/Workshops
✓ Career Assessment
✓ Application Assistance
✓ Priority Registration
✓ Computer Lab
✓ University Campus Tours
✓ Financial Aid* (Grants)
✓ Book Vouchers*
✓ School Supplies*

WHAT WOULD MAKE ME INELIGIBLE?
× Completion of over 70 college units
× Six consecutive semesters in EOPS/CARE
× Achievement of Bachelor’s or Master’s Degree

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.

EOPS/CARE will accept completed applications for the 2010 FALL semester:
May 17 – June 30, 2010
YOU WILL BE NOTIFIED BY EMAIL ON THE STATUS OF YOUR APPLICATION

* 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, YOU ARE NOT ELIGIBLE.

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:

I received or will receive a:

_____ High School Diploma*

_____ GED

_____ I am or will be a non-graduate

Date expected to graduate: ____________

Ethnicity: PLEASE CHECK ONE

High School GPA: ____________

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

<table>
<thead>
<tr>
<th>INELIGIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F  = Not a California resident.</td>
</tr>
<tr>
<td>G  = Not qualified to receive a BOG A or B</td>
</tr>
<tr>
<td>(income too high).</td>
</tr>
<tr>
<td>H  = Over 70 degree applicable units</td>
</tr>
<tr>
<td>completed.</td>
</tr>
<tr>
<td>I  = Determined not to be educationally</td>
</tr>
<tr>
<td>disadvantaged.</td>
</tr>
<tr>
<td>J  = Not enrolled full-time nor in the</td>
</tr>
<tr>
<td>authorized number of units.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y  = ___ Not applicable because student</td>
</tr>
<tr>
<td>documentation is incomplete.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**DIRECTOR’S CERTIFICATION**

____________________________________________                    ______________
EOPS/CARE Director                           Date