WHAT IS EOPS/CARE
A state funded program which provides support and services to eligible students.

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.

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

* 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: __________

_____ 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
FOR EOPS/CARE OFFICE USE ONLY

ELIGIBLE

A = Not qualified for enrollment in minimum level English or Math.
   ___ Cabrillo Assessment

B = Did not graduate from high school or obtain GED.
   ___ HS Transcript
   ___ Non-Grad/Certification

C = High School GPA below 2.5.
   ___ HS Transcript

D = Previously enrolled in remedial.
   ___ HS Transcript
   ___ College Transcripts

E = Other eligible characteristics.
   ___ Director Certification

SUPPORTING DOCUMENTS

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