**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 College Promise Grant (CCPG), formerly known as BOG
- Complete a Cabrillo College Assessment Test
  
  Or attach copies of transcripts from previously attended institutions. Submit copies of high school transcripts if GPA was below 2.5
- Register in 12 units
- Have an EMAIL account

**WHAT ARE THE SERVICES?**

- Academic Counseling
- Workshops
- Meal cards*
- Priority Registration
- Computer Lab
- Tutoring
- Financial Aid* (Grants)
- Book Vouchers*
- School Supplies*

**WHAT ARE MY RESPONSIBILITIES?**

- Enroll in at least 12 units, 9 units if registered with ASC Less than 12 units requires Director’s approval
- Attend an Educational Plan Workshop. Go to [http://www.cabrillo.edu/services/counseling/calendar.html](http://www.cabrillo.edu/services/counseling/calendar.html) for workshop dates
- Participate in EOPS/CARE required activities:
  - Mandatory EOPS Orientation
  - CARE Orientation and workshops
    (CARE students only)
- Make changes/updates to your contact information: address, phone numbers, emails, etc. on WebAdvisor
- 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. Contacts must be scheduled at least 3 weeks apart.
- Complete a minimum of 9 semester units with a GPA of at least 2.0
- Submit a progress report mid semester

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

**NOTE: Please keep this sheet for future reference.**
APPLICATION FOR
EXTENDED OPPORTUNITY PROGRAM AND SERVICES/COOPERATIVE RESOURCES FOR EDUCATION
EOPS / CARE

<table>
<thead>
<tr>
<th>ID#</th>
<th>Birthdate</th>
<th>Birthplace</th>
<th>Female</th>
<th>Male</th>
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<th>Phone</th>
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<th>E-Mail</th>
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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+ degree applicable units, an A.S., A.A., Bachelor’s, or a Master’s degree, you are not eligible for this program.

CABRILLO STATUS: NEW ____ CONTINUING ____ RETURNING ____

CHECK ONLY ONE: ETHNICITY:

<table>
<thead>
<tr>
<th>I received or will receive a:</th>
<th>Asian/Pacific Islander ____</th>
<th>Filipino ____</th>
<th>ACE ____</th>
<th>ASC ____</th>
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<tbody>
<tr>
<td>High School Diploma* ____</td>
<td>Latino/a ____</td>
<td>Black ____</td>
<td>STARS ____</td>
<td>REAL ____</td>
</tr>
<tr>
<td>GED ____</td>
<td>Native-American ____</td>
<td>Caucasian ____</td>
<td>Puente ____</td>
<td>SMP ____</td>
</tr>
<tr>
<td>I am or will be a non-graduate ____</td>
<td>Other: Specify ____</td>
<td></td>
<td>SRSN ____</td>
<td>MESA ____</td>
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*Guardian Scholars
*Formerly known as Foster Youth Independence Program

Date expected to graduate: ________

*High School GPA ________

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: YES ____ NO ____ IF YES, SPECIFY ________

ONE OR BOTH OF YOUR PARENTS RECEIVED A BACHELOR'S DEGREE? YES ____ NO ____

FOR CARE ELIGIBILITY ONLY:

Married ____ Divorced ____ Separated ____ Single ____ Widowed ____

NUMBER OF CHILDREN: ________ CALWORKS / CASH AID PARTICIPANT: YES ____ NO ____

CHILDREN:

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<th>NAME</th>
<th>DOB</th>
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Student Signature: ______________________ Date: ________
FOR EOPS/CARE OFFICE USE ONLY

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<tr>
<th>ELIGIBLE</th>
<th>SUPPORTING DOCUMENTS</th>
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<tbody>
<tr>
<td>A =</td>
<td>Not qualified for enrollment in minimum level English or Math.</td>
</tr>
<tr>
<td>B =</td>
<td>Did not graduate from high school or obtain GED.</td>
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<td></td>
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<tr>
<td>C =</td>
<td>High School GPA below 2.5.</td>
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<tr>
<td>D =</td>
<td>Previously enrolled in remedial.</td>
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<td></td>
<td></td>
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<tr>
<td>E =</td>
<td>Other eligible characteristics.</td>
</tr>
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Describe______________________________

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.

CARE information

Student is over the age of 18 ___ Yes ___ No
Student is CalWORKs participant ___ Yes ___ No
Cash aid eligibility verification ___ Yes ___ No
Single head of household verification ___ Yes ___ No

CARE ELIGIBILITY _____ Yes _____ No

DIRECTOR’S CERTIFICATION

EOPS/CARE Director ________________________ Date ________________
E O P S / C A R E
EXTENDED OPPORTUNITY PROGRAMS AND SERVICES
COORDERATIVE RESOURCES FOR EDUCATION
Waiver of Confidentiality/Release of Information

Date: ______________________  Student ID #: ______________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Date of Birth</th>
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<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Cell Phone #:</th>
<th>Email</th>
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Emergency Contact Information: Someone We May Call in the Event of an Emergency

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<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relationship to You</th>
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WAIVER OF CONFIDENTIALITY
In accordance with the Federal Educational Rights and Privacy Act (FERPA), the California Education Code and the California Administrative Code Title V, Cabrillo College establishes and maintains information on students relevant to such topics as admission, registration, academic history and progress, career, students’ benefits or services, counseling and guidance, discipline or matters related to student conduct. Student records are maintained to insure privacy and Cabrillo College shall not, except as authorized, permit any access to, or release of, student information.

___ (Please Initial) To help further my educational and career goals, I authorize Cabrillo College EOPS/CARE to disclose information about me to qualified individuals from other agencies.

___ (Please Initial) I request any appropriate person and/or agency or institution to release information to Cabrillo College EOPS/CARE consistent with the Federal Family Education Rights and Privacy Act of 1974, or other laws.

This information includes, but is not limited to, the following:

♦ School attendance
♦ Academic progress
♦ Assessments results
♦ Child care arrangements
♦ Disability Issues
♦ Financial Aid
♦ Work-study
♦ Other: ______________________

The agencies shall include, but not be limited to:
♦ Cabrillo College, instructional and other departments, such as FTTW, Financial Aid, Counseling, ASC, Health Center
♦ Human Services Department/Department of Social Services
♦ Department of Rehabilitation
♦ Employment Development Department
♦ Housing Authority / FIT
♦ Shoreline / Goodwill Industries
♦ The Voucher Project
♦ Probation/Parole
♦ Current/Potential Employer
♦ Other: ______________________

A copy of this release form shall be as valid as the original, and shall be valid as long as I am a student at Cabrillo College participating in EOPS/CARE. I acknowledge by my signature below that I am familiar with, and fully understand the terms and conditions of this authorization.

Signature: ______________________  Date: ________________