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 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 (we can assist in helping you get one)

WHAT ARE MY RESPONSIBILITIES?

✓ Enroll in at least 12 units
  Less than 12 units requires Director’s approval
  Attend an Educational Plan Workshop. Go to 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

WHAT ARE THE SERVICES?

✓ Academic Counseling
✓ Workshops
✓ Application Assistance
✓ Priority Registration
✓ Computer Lab
✓ Tutoring
✓ Financial Aid* (Grants)
✓ Book Vouchers*
✓ School Supplies*

* 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

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, 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: PROGRAM AFFILIATION:

I received or will receive a: Asian/Pacific Islander ____ Filipino ____ ACE __________ *ASC ______
High School Diploma*______ Latino/a ____ Black ____ STARS ____ REAL____
GED ____ Native-American ____ Caucasian ____ Puente ______ SMP____
I am or will be a non-graduate _____ Other: Specify ________________ Fast Track to Work____ MESA____
Date expected to graduate: __________ *Accessibility Support Center formerly known as DSPS
*High School GPA _________

ARE YOU AN EMANCIPATED FOSTER YOUTH? YES ____ NO ____

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:

NAME: ___________________________________________ DOB: _________________

NAME: ___________________________________________ DOB: _________________

NAME: ___________________________________________ DOB: _________________

Student Signature: ___________________ Date: ___________________

Office use ONLY
BOG_______
Units
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

   Describe________________________________

SUPPORTING DOCUMENTS

INELEGIBLE

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
COOPERATIVE RESOURCES FOR EDUCATION
Waiver of Confidentiality/Release of Information

Date: ____________________  Student ID # ____________________  HSD Case # ____________________

Last Name                First Name           MI        SSN               Date of Birth
____________________________________________________________________________________
Mailing Address                        City                              State       Zip Code
Cell Phone #: ___________________________________________  Email _______________________________________

Emergency Contact Information: Someone We May Call in the Event of an Emergency

<table>
<thead>
<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  __________