

Santa Rosa Junior College EOPS APPLICATION

NAME:

Student ID Number:

Name on previous academic records:

Address:

City:

zip code:

Home phone #:

Cell phone #:

email:

SEMESTER OF APPLICATION

YEAR:

Have you ever:

a. Applied to EOPS before?

When:

Where:

b. Received EOPS services?

When:

Where:

c. Attended other colleges?

please list all colleges attended:

When:

Where:

When:

Where:

When:

Where:

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EOPS SERVICES.

I. PRELIMINARY CRITERIA:

A. Are you paying out of state tuition at SRJC?

B. Do you plan to be a part-time student (less than 12 units)?

i. Are you DRD eligible?

C. Do you have a Bachelor's Degree?

D. Have you completed more than 70 units **APPLICABLE** to a college degree?

II. ECONOMIC CRITERIA:

A. ARE YOU RECEIVING Cash Aide or SSI benefits?

i. Number in household (independent students—the number in household consists of yourself, your spouse and/or dependents):

ii. Total family income for 2016 (this information is on your BOG application):

(Note: independent students—the number in household consists of yourself, your spouse, and/or dependents)

III. EDUCATIONAL CRITERIA:

A. ENGLISH PLACEMENT

MATH PLACEMENT

B. STATUS:

i. High School Graduate:

ii. Graduation Year:

iii. High School GPA:

iv. Name of High School:

City/state:

C. GED

HS Proficiency

non-Graduate

foreign HS

HS Completion Certificate

D. OTHER

i. Has either parent received a BA/BS?

ii. Parent 1's native language:

iii. Parent 2's native language:

2018-2019

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IV. Personal information:

- A. Birthdate:
- B. Place of birth (country):
- C. Date entered CA: _____ Date entered US: _____
- D. Number of dependent children:
- E. Please indicate the birthdates of your children:
- F. Please answer once in each of the following categories:
 - 1. SEX:
 - 2. AGE:
 - 3. EDUCATIONAL GOAL:

4. PREDOMINANT ETHNIC BACKGROUND: (CHECK ALL THAT APPLY):

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Indian subcontinent |
| <input type="checkbox"/> South American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan | <input type="checkbox"/> American Indian, Alaskan |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Hawaiian | |
| <input type="checkbox"/> other Hispanic | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Guamanian | |
| <input type="checkbox"/> Black non-Hispanic | <input type="checkbox"/> Laotian | <input type="checkbox"/> other Pacific Islander | |
| <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> Cambodian | <input type="checkbox"/> other non-White | |
| <input type="checkbox"/> American Indian, Tribe Affiliation: | | | |

V. ADDITIONAL INFORMATION:

- A. Would you like to receive your EOPS services on the Petaluma Campus?
- B. Are you currently, or were you formerly, in foster care?
 - i. If yes, at age 16 or older?

VI. HOW DID YOU HEAR ABOUT EOPS?

OTHER:

VII. COMMENTS: Please write any additional comments in the space provided below.

VIII. EOPS/CARE PHONE CALL AUTHROIZATION:

I hereby authorize the EOPS/CARE Staff to call the phone number(s) that I have on file with the Admissions and Records Office at Santa Rosa Junior College to inform me and leave messages relating to EOPS/CARE services.

agree to have EOPS/CARE staff call my phone number to leave messages or information.

Signature

Date