

College of the Siskiyous
Extended **O**pportunity **P**rograms & **S**ervices
(EOPS)

Applying for Fall 20_____ Spring 20_____

Last Name: _____ First Name: _____
COS ID Number: S# _____ DOB: _____
Mailing Address: Street: _____
City _____ State _____ Zip _____
Telephone: (____) _____ College E-mail: _____

I have been a resident of California for the past 12 consecutive months. Yes No
Have you completed a SOAR (COS orientation)? _____ If yes, when? _____
Have you been in EOPS before? No Yes If yes, where? _____

Family History:

Are you current or former foster youth? Yes No

What is the language spoken at home? _____

What is your parents' highest level of education?

Mother: High School Graduate Some College AA/AS Degree BA/BS Degree Higher Did not graduate high school

Father: High School Graduate Some College AA/AS Degree BA/BS Degree Higher Did not graduate high school

High School Information (Please select only what implies for you):

I am a high school graduate I have a GED
 I have not graduated from high school I have Equivalency/California Proficiency

When I attended high school:

My High School GPA was below 2.50 (high school transcripts need to be attached to application) Yes No

Were you enrolled in one or more remedial classes in high school or college? Yes No

Previous College Attendance (please check ALL that apply to you and provide necessary transcripts):

I have never attended any college
 I have attended College of the Siskiyous (If you attended *before* 1990, then transcripts must be attached)
 I have received a college degree
 I have attended another college - if so, please list all colleges previously attended:

You must submit copies of your OFFICIAL transcripts from all colleges attended

**(If you attended COS prior to Fall 1990, you will need to submit official transcripts from COS.)*

If transcripts are not attached, then your application will be mailed back to you.

Ethnicity Background:

- | | |
|--------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (please specify): _____ |

Educational Goals:

Intended major: _____

- | | | |
|---------------------------------------|--------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Basic Skills | <input type="checkbox"/> AA/AS Degree | <input type="checkbox"/> Transfer to a 4-year school |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Certificate | <input type="checkbox"/> without an AA/AS degree |
| <input type="checkbox"/> Undecided | <input type="checkbox"/> Vocational Degree | <input type="checkbox"/> with an AA/AS degree |

All APPLICANTS: Read this statement and sign below

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. I also realize that any false statement may be cause for denial, reduction, withdrawal and/or repayment of any monetary services (including books) I may receive from EOPS. I authorize the EOPS staff to obtain disability data, financial aid documents, transcripts, and assessment scores.

Applications are accepted on a first come, first served basis. The EOPS Program has a limit on how many students we can accept each semester. Please return your application to the EOPS Office as soon as possible (along with any necessary transcripts). Incomplete applications will be mailed back to you.

Signature: _____

Date: _____

*******EOPS Office Use Only*******

BOGG Information

BOGG Status _____

EFC _____

Major: _____

of prior degree app. units: _____

Prior college(s) attended:

Number of units enrolled for current Semester @ COS: _____

DSPS approved for less units? _____

Educational Eligibility Code (circle one)

1. Math/English Placement class: _____
2. Non-High School Graduate or have not obtained the GED
3. Graduated from HS with GPA below 2.5 _____
HS Transcripts Received Date _____
4. Previous Remedial Courses school: _____ class: _____
Transcripts Verified Date _____
5. First Generation College Student? Yes _____ No _____
6. Current or former foster youth? Yes _____ No _____
Verification type: _____
7. ESL? Yes _____ No _____
8. Student Equity Eligible? Yes _____ No _____

Approved Not Eligible Reason: _____

EOPS Staff Member _____

Date _____

College of the Siskiyous
Cooperative **A**gencies **R**esources for **E**ducation
(CARE)

(Complete this page only if you are a parent)

Name: _____ COS ID Number: _____

DOB: _____ Address: _____

Phone: _____

Do you have a child under the age of 14 years old? Yes No

Number of Dependent Children: _____

Names and Dates of Birth of Dependent Children:

Are you the recipient of TANF/CalWORKs benefits or receive benefits on behalf of your children? Yes No

If yes, how long have you been receiving CalWORKs benefits: _____ / _____
Years Months

Marital Status:

Single (never married) Separated Married

Divorced Widowed

Are you considered head of household by human services? Yes No

ALL APPLICANTS: Read this statement and sign below

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. I also realize that any false statement may be cause for denial, reduction, withdrawal and/or repayment of any monetary services (including books) I may receive from CARE.

Signature

Date

CARE Office Use Only

Agency Certification Received Date: _____

Approved

Not Eligible Reason: _____

Coordinator Signature

Date