

*College of the Siskiyous*  
**E**xtended **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  Unknown  
Father:  High School Graduate  Some College  AA/AS Degree  BA/BS Degree  Higher  Unknown

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

- African American
- American Indian
- Asian/ Pacific Islander
- Filipino

- Hispanic/Latino
- White/Caucasian
- Decline to State
- Other (please specify): \_\_\_\_\_

**Educational Goals:**

Intended major: \_\_\_\_\_

Intended minor: \_\_\_\_\_

- |                                       |  |  |
|---------------------------------------|--|--|
| <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\*\*\*\*\***

<p><b><u>BOGG Information</u></b></p> <p>BOGG Status _____</p> <p>EFC _____</p> <hr/> <p><b>Major:</b> _____</p> <p># of prior degree app. units: _____</p> <p>Prior college(s) attended:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Educational Eligibility Code</b> (circle one)</p> <ol style="list-style-type: none"> <li>1. Math/English Placement</li> <li>2. Non-High School Graduate or have not obtained the GED</li> <li>3. Graduated from HS with GPA below 2.5 _____ HS Transcripts Received Date _____</li> <li>4. Previous Remedial Courses _____ Transcripts Verified Date _____</li> <li>5. First Generation College Student? Yes _____ No _____</li> <li>6. Current or former foster youth? Yes _____ No _____ Verification type: _____</li> <li>7. ESL? Yes _____ No _____</li> <li>8. Student Equity Eligible? Yes _____ No _____</li> </ol>
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Approved  Not Eligible  Reason: \_\_\_\_\_

EOPS Staff Member \_\_\_\_\_

Date \_\_\_\_\_

