

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

Applying for Fall 20_____ Spring 20_____

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

I have been a resident of California for the past 12 consecutive months. Yes No

How did you hear about the EOPS Program? _____

Have you been in EOPS before? No Yes If yes, where? _____

Family History:

Are you an emancipated foster youth? Yes No

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
 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 transcripts (unofficial acceptable) from all colleges attended including COS transcripts.* (If you have attended COS during Fall 1990 or after you do not need to submit a copy of your transcripts.) 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*******

BOGG Information

BOGG Status _____
Receipt _____ Registration _____

COMPASS Scores

Math:
Score _____
Placement _____

Reading:
Score _____
Placement _____

Writing:
Score _____
Placement _____

Educational Eligibility Code (circle one)

1. Math/English Placement
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
_____ Transcripts Verified Date _____

BANNER Check Independent Dependent
Number in Family _____

Total Income \$ _____

IE NIE

Total units completed to date: _____

Enrolled in Spring _____ Summer _____ Fall _____

Approved Not Eligible Reason _____

Pending Reason _____

Eligibility Technician Signature

Date

College of the Siskiyous
Cooperative Agencies Resources for Education
(CARE)

(Complete this page only if you are a parent)

Name: _____ COS ID Number: _____

DOB: _____ 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