Barstow Community College **EOPS/CARE** Application

Educational Background

□ High School Diploma □ GED □ Did not graduate □ Still in High School

Cumulative high school grade point average?

 \square No

Have you ever received EOPS benefits at Barstow Community College or any other college before? \Box Yes \Box No

Have you attended Barstow Community College or any other Community College before?

If yes, when and where?_____

NOTE: You must provide unofficial transcripts from all colleges attended.

Degree Objective/Goal

□ Certificate □ AA/AS Degree □ Transfer to a Four-year Institution

Major:

All applicants read this statement and sign below:

I hereby affirm, under penalty of perjury, that all of the information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof, which may include a copy of my and/or my parent's U.S. income tax return(s) for the previous year. I also realize that any false statement or failure to provide proof when asked may be cause for the denial, termination, and/or repayment of EOPS/CARE services. I authorize the sharing of information regarding this application between Barstow Community College, the college district, and the Chancellor's Office of the California Community Colleges.

 Applicant's Signature:

Date: _____



EOPS/CARE 2700 Barstow Road, Barstow CA 92311 (760) 252-2411 ext.7255 *www.barstow.edu/eops* E-mail- EOPS@barstow.edu



EOPS/CARE Program

"Empowering Students to Achieve"

What is the EOPS Program?

The Extended Opportunity Programs and Services (EOPS) is a state funded program designed to provide academic support, financial assistance and encouragement for eligible low income and educationally disadvantaged students. Through various forms of assistance, EOPS empowers students to define and meet their educational/ vocational goals.

What services does EOPS provide?

- Textbook assistance
- Academic and personal counseling
- Bus tokens/tickets
- Priority registration
- Tutoring
- Child care assistance
- Financial assistance (depending on funding)
- Cultural enrichment activities and fieldtrips
- CARE Program The CARE program can provide EOPS students with additional support services if the student is a single parent, has a child 14 years of age or younger, and receives CalWORKs/cash aid.

Who is eligible for EOPS?

A student who is:

- A California Resident or an active military service member
- Enrolled as a full time student (12 or more units)
- Qualified for the Board of Governors Fee Waiver (BOG) A or B
- Below 50 transferable college units from any accredited post-secondary institution.
- A member of a low income family or is currently receiving Cal/WORKs/cash aid, SSI or General Aid (GA)
- Educationally disadvantaged as defined by the state Chancellor's Office

Program Requirements

Once I am accepted into EOPS, what do I need to do to remain in good standing with the program?

- 1. Attend 3 counseling appointment per semester
- 2. Attend 3 required workshops per semester
- 3. Complete required tutoring hours
- 4. Turn in progress reports by stated deadline
- 5. Remain enrolled in at least 12 units each semester

Applying for the EOPS Program

Step 1: Complete a Barstow Community College application at www.barstow.edu

Step 2: Take the Barstow Community College assessment test.

Step 3: Complete the EOPS application attached or go online to www.barstow.edu/eops

A complete application must be accompanied by the following support documents:

- Current Barstow Community College assessment scores
- Transcripts (if applicable, request that any and all college transcripts be sent to the EOPS Office)
- Proof of income by providing any of the following: - Prior year's tax forms **or**
 - Untaxed Income Verification form or Proof of CalWORKs/cash aid or SSI or
 - Statement of Fact Form

Once you have been notified of your eligibility complete the following steps:

Step 4: Attend a MANDATORY EOPS orientation or complete the online orientation at: www.barstow.edu/eops

Step 5: Schedule an appointment with an EOPS counselor



A COMPANY	Barstow Community College EOPS/CARE Application		□ Fall □ Spring □ ^{Summer}	
COLLEGE	Empower	ring Students to Achieve		Year 20
Student ID:		Da	te of Birth:	Month/Day/Year
Name:	Middle	(iender: 🗆 Male	□ Female
Address.	Street	Cit		Zip
Home Phone:	Alternate/Cell Phone:			
E-Mail:				
RESIDENCY ST				
U.S. Citizen	CA Resident	Active Duty Military	Military D	Dependent
\Box Yes \Box No	\Box Yes \Box No	\Box Yes \Box No	\Box Yes	□ No
FAMILY INFOR	MATION			
Marital Status:	□ Married □ Single	□ Divorced □ Widow	wed 🗆 Separa	ted
Family Size (inclu	de yourself):	Number of Children:		
Are you raising a c	child under the age of 14 years	s? \Box Yes \Box No		
Child(ren) age(s):_			_	
Family income for	previous year:	(If under the	age of 24, must ir	nclude parent's income
Are you receiving	CalWORKs/cash aid? \Box Yes	$_{\rm S}$ \Box No		
If under the age of	24, do you live with one or b	oth of your parents? $\Box Y_{es} \Box$] No	
If under the age of	24, did your parent(s) claim	you on last year's U.S. tax ret	urn? \Box Yes \Box No)
Do either of your p	parents have a Bachelor's Deg	gree? □ Yes □ No		
Are you a current of	or former Foster Youth?	∕es □ No		
ETHNIC BACKO	GROUND			
□ African-Ameri	can □ American Indian or 1	Native of Alaska 🛛 🗆 Asian	, Pacific Islander	
\Box Caucasian \Box	Filipino Hispanic/Cuban	/Mexican/Other Hispanic		
□ Other				

Contact the EOPS Office at: (760) 252-2411 ext. 7255 or on the web at: www.barstow.edu/eops