



# 2009-2010

## Extended Opportunity Programs and Services (E.O.P.S) Application

P.O. Box 8106, San Luis Obispo 93403  
(805) 546-3144 Fax (805) 546-3970

### OFFICE USE ONLY

DATE: \_\_\_\_\_  
BOGW: \_\_\_\_\_  
UNITS: \_\_\_\_\_  
EXTENDER: \_\_\_\_\_  
VOD: \_\_\_\_\_  
STUDENT ID NUMBER: \_\_\_\_\_  
ASSESSMENT TEST: \_\_\_\_\_

COMMENTS:

- USE ONLY BLACK OR BLUE INK
- COMPLETION OF AN EOPS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM

Social Security Number:	-	-
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### PERSONAL INFORMATION

Student Name:	Last Name	First Name	Middle
Address:	Street	Apt. #	City Zip Code
Home Phone::	( ) -	Message/Cell Phone:	( ) -
E-Mail:			
Date of Birth:	Month / Day / Year	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### TERM/STATUS

Semester of Application	<input type="checkbox"/> FALL _____ <input type="checkbox"/> SPRING _____
Campus Attending?	<input type="checkbox"/> SAN LUIS OBISPO <input type="checkbox"/> NORTH COUNTY
Campus for Counseling Service	<input type="checkbox"/> SAN LUIS OBISPO <input type="checkbox"/> NORTH COUNTY
Are you transferring from another community college EOPS program?	<input type="checkbox"/> YES (If yes, please write College Name) <input type="checkbox"/> NO

Have you taken the English and Math Assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ School: _____
Are you participating in Cuesta's DSPS Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, submit copy of a VOD from DSPS)
Have you ever been in Cuesta's EOPS Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No Semester/Year: _____

### FINANCIAL INFORMATION

Have you completed the 2009-2010 FAFSA?  YES  NO

If yes, please indicate by circling which fee waiver you received from the Financial Aid Office:

BOGW A    BOGW B    BOGW C

(If no ,you need to do so ASAP **before** this application.  
Also ask for Assistance if needed!)

Family (Plus Self)	2008 Income
1	\$15,600
2	\$21,000
3	\$26,400
4	\$31,800
Additional Family	<b>Add</b> \$5,400

## ACADEMIC HISTORY

High School History:	<input type="checkbox"/> H.S Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate Equivalency <input type="checkbox"/> H.S Proficiency <input type="checkbox"/> Not a H.S. Graduate <input type="checkbox"/> ATB Taken   When: _____ Where: _____												
Last High School Attended:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%; text-align: center;">Name</td> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;">Location</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: center;">Last Year Attended</td> </tr> </table>	Name	Location	Last Year Attended									
Name	Location	Last Year Attended											
Please list all Colleges and/or Universities you have attended ( <b>including Cuesta</b> ):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 40%;">College/University</td> <td style="border-bottom: 1px solid black; width: 30%;">City, State/Country</td> <td style="border-bottom: 1px solid black; width: 15%;">Units</td> <td style="border-bottom: 1px solid black; width: 15%;">Years Attended</td> </tr> <tr> <td style="border-bottom: 1px solid black;">College/University</td> <td style="border-bottom: 1px solid black;">City, State/Country</td> <td style="border-bottom: 1px solid black;">Units</td> <td style="border-bottom: 1px solid black;">Years Attended</td> </tr> <tr> <td style="border-bottom: 1px solid black;">College/University</td> <td style="border-bottom: 1px solid black;">City, State/Country</td> <td style="border-bottom: 1px solid black;">Units</td> <td style="border-bottom: 1px solid black;">Years Attended</td> </tr> </table>	College/University	City, State/Country	Units	Years Attended	College/University	City, State/Country	Units	Years Attended	College/University	City, State/Country	Units	Years Attended
College/University	City, State/Country	Units	Years Attended										
College/University	City, State/Country	Units	Years Attended										
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(Please Note: WE WILL NEED A COPY OF ALL YOUR TRANSCRIPTS BEFORE WE CAN COMPLETE YOUR APPLICATION PROCESS)													
Educational Goal:	<input type="checkbox"/> Transfer with AA/AS <input type="checkbox"/> Transfer without AA/AS <b>TO:</b> _____ <input type="checkbox"/> AA/AS Vocational <input type="checkbox"/> General Education <input type="checkbox"/> Certificate <input type="checkbox"/> Job Skills <input type="checkbox"/> Undecided												
What is your intended Major? (If you are unsure, please put undecided)													

## STUDENT BACKGROUND

Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian <input type="checkbox"/> Other/Undecided _____
Primary Language:	
Your Martial Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Mother's Highest level of Education <b>completed</b> :	<input type="checkbox"/> 8th grade or below <input type="checkbox"/> HS Graduate <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS or Higher <input type="checkbox"/> Absent
Father's Highest level of Education <b>completed</b> :	<input type="checkbox"/> 8th grade or below <input type="checkbox"/> HS Graduate <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS or Higher <input type="checkbox"/> Absent

## CalWORKs/CARE

Are you receiving CalWORKs/T.A.N.F. (cash aid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a single parent with at least one child <b>under</b> 14 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to both questions, you <u>may qualify</u> for the CARE Program. Please ask EOPS Receptionist for CARE Info and application.	
Are you a current participant of Cuesta College CalWORKs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:** All information you provided on this application will be subject to verification. Incomplete or Inaccurate information provided could stop and or delay your application from being processed and possibly being denied.

Student Signature: _____	Date: _____
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### TO BE COMPLETED BY THE EOPS Specialist Only

Signature: _____	Date: _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Disapproved
Comments: _____		
_____		