



Extended Opportunity Programs and Services

Fall 2018 Application

Phone: (619) 482-6456 | Fax: (619) 482-6515

Please answer all questions, PRINT legibly in INK.

Name: _____
Last First Middle Initial

SWC ID: _____

College Email: _____

Phone/Cell: _____

1. Do you have a High School Diploma or GED? If yes , indicate your high school GPA: <input type="checkbox"/> 0.0 – 2.4 <input type="checkbox"/> 2.5 – 4.0 <input type="checkbox"/> Don't Know/Don't Remember	Yes	No	OFFICE USE ONLY <input type="checkbox"/> XECD LTA: _____ Resident Yes No AB540 Ethnicity Units Enrolled <input type="checkbox"/> DSS Date: _____ CC Promise Grant A ____ B C IE Units Completed SWC _____ Other _____ TOTAL _____ Score/Date Taken Math _____ Engl _____ ESL _____ Outdated (3 yrs +) <input type="checkbox"/> Ed. Disadvantage A. Testing B. HS Grad Y N C. HS GPA _____ D. Remedial Course E. Other _____ Reviewer Initials/Date _____ _____ _____ ELIGIBLE Initials: _____ Date: _____
2. Have you previously been an EOPS student? If yes , where? _____ Last Term Attended: _____ If at Southwestern College please complete and submit an EOPS Petition with this application	Yes	No	
3. Have you attended any <u>other</u> college or university (including foreign countries)? If yes , list Colleges/Universities: * 1. _____ Name of College or University City and State or Country 2. _____ *Please provide official transcripts dated within the current semester, for all schools listed	Yes	No	
4. Have your parents received a degree from a four-year college/university? If yes , name of college/university attended: _____	Yes	No	
5. Is there a primary language other than English spoken at home? If yes , please indicate language spoken at home: _____	Yes	No	
6. Are you a former foster youth?	Yes	No	
7. Are you a single parent?	Yes	No	
8. Are you or your dependents receiving TANF/CalWORKs?	Yes	No	
9. Are you or your dependents receiving CalFresh (formerly known as food stamps)?	Yes	No	
10. Do you have a physical, emotional or learning disability? If yes , please visit the DSS office (Student Services Building, Room S108) for assistance	Yes	No	
11. I consent to the release of my name and photo for publicity purposes only.	Yes	No	

Certification and Release of Information: I certify that the above information is correct to the best of my knowledge. I grant Southwestern College the authority to verify and/or obtain the necessary documents and information regarding college and academic status from other colleges and departments.

Student Signature: _____ Date: _____

OFFICE USE ONLY

NEED INFO	INELIGIBLE	ELIGIBLE	
<input type="checkbox"/> Units	INITIALS:	<input type="checkbox"/> Orientation Date _____	<input type="checkbox"/> MRC
<input type="checkbox"/> CCPG	DATE:		
<input type="checkbox"/> Transcript	<input type="checkbox"/> CCPG C	BOOK SERVICE DATE ISSUED <input type="checkbox"/> ACCESS _____	
<input type="checkbox"/> DSS Verification	<input type="checkbox"/> CCPG _____	<input type="checkbox"/> SEP	<input type="checkbox"/> SxS Initials
<input type="checkbox"/> Petition	<input type="checkbox"/> Over Units	<input type="checkbox"/> XEOM	Initials
<input type="checkbox"/> Other	<input type="checkbox"/> Residency	Comments:	
	<input type="checkbox"/> Petition Denied		