



EOPS

Extended Opportunity Programs and Services

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

APPLICATION

Fall 2013

May 13 to June 27

Eligibility Requirements:

- Enrolled in 12 or more units (6 units if you have certification from DSS Office). Wait-listed courses DO NOT count.
- California resident or AB540
- Eligible for Board of Governors Fee Waiver (BOGW) method A1-A3 or B
- Have NOT completed more than 58 degree applicable units
- Completed the Math and English placement exams
- Meet the Educational Disadvantage criteria as set by the State of California

Please answer questions 1-9, write legibly in ink and sign at the bottom.

Name: _____ SWC ID: _____
Last First Middle Initial

Address: _____
Street City State Zip code

Phone/Cell: _____ E-mail: _____
You will be emailed regarding the status of your application

- Do you have a physical, emotional or learning disability? **Yes No**
If **yes**, please visit the DSS office (Student Services Building, Room S108) for assistance
- Are you a former foster youth? **Yes No**
- Are you a single parent? **Yes No**
- Are you or your dependents receiving TANF/CalWORKs? **Yes No**
- Do you have a High School Diploma or GED? **Yes No**
If **yes**, indicate your high school GPA: 0.0 – 2.4 2.5 – 4.0 Don't Know/Don't Remember
- Have you previously been an EOPS student? **Yes No**
If **yes**, where? _____ Last Term Attended: _____
If at Southwestern College please complete and submit an EOPS Petition with this application
- Have you attended any **other** college or university (including foreign countries)? **Yes No**
If **yes**, list Colleges/Universities: *
1. _____
Name of College or University City and State or Country
2. _____
*Please provide a copy of unofficial transcripts, dated within the current semester, for all schools listed
- Have your parents received a degree from a four-year college/university? **Yes No**
If **yes**, name of college/university attended: _____
- Is there a primary language other than English spoken at home? **Yes No**
If **yes**, please indicate language spoken at home: _____
- What is your college major: _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

<input type="checkbox"/> XECD LTA: _____
Status <input type="checkbox"/> New <input type="checkbox"/> Cont GPA: _____
Resident Yes No AB540
Ethnicity
Units Enrolled <input type="checkbox"/> DSS
BOGW A ___ B C IE
Units Completed SWC _____ Other _____ TOTAL _____
Score/Date Taken Math _____ Engl _____ ESL _____
Ed. Disadvantage A. Testing B. HS Grad Y N C. HS GPA _____ D. Remedial Course E. Other _____
Ranking FY: _____ SP: _____ AS1: _____ AS2: _____ FG: _____ TOTAL: <input type="text"/>
Reviewer Initials/Date _____ _____ _____
ELIGIBLE Initials: _____ Date: _____

OFFICE USE ONLY

NEED INFO	VERIFIED	NOTES	INELIGIBLE	WAIT-LIST	ACCEPTED
<input type="checkbox"/> Units			INITIALS:	INITIALS:	INITIALS:
<input type="checkbox"/> BOGW			DATE:	DATE:	DATE:
<input type="checkbox"/> Assessment <input type="checkbox"/> Math <input type="checkbox"/> English		<input type="checkbox"/> Assessment Tests Outdated (Must be within 5 years to date)	<input type="checkbox"/> Residency <input type="checkbox"/> BOG IE	<input type="checkbox"/> Orientation _____ <input type="checkbox"/> SARS	<input type="checkbox"/> ACCESS <input type="checkbox"/> MRC: CV NC OM SY
<input type="checkbox"/> Transcript			<input type="checkbox"/> BOG C	BOOK SERVICE ISSUED	
<input type="checkbox"/> Petition		<input type="checkbox"/> Apprvd <input type="checkbox"/> Denied Date: _____	<input type="checkbox"/> Over Units	<input type="checkbox"/> ACCESS	<input type="checkbox"/> SEP <input type="checkbox"/> SxS
<input type="checkbox"/> DSS Verification		DSS Units: _____ Date: _____	<input type="checkbox"/> Petition Denied	<input type="checkbox"/> XEOM	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> AIDE	Uneed:
Comments:					