



Extended Opportunity Programs and Services

Spring 2018 Application

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

Please answer all questions, print legibly in ink, and sign at the bottom.

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
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?	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

OFFICE USE ONLY

☐ XECD
LTA: _____

Resident

Yes No AB540

Ethnicity

Units Enrolled

☐ DSS Date: _____

BOGW

A _____ B _____ C _____ IE _____

Units Completed

SWC _____
Other _____
TOTAL _____

Score/Date Taken

Math _____
Engl _____
ESL _____
Outdated (3 yrs +) ☐

Ed. Disadvantage

A. Testing
B. HS Grad Y N
C. HS GPA _____
D. Remedial Course
E. Other _____

Reviewer Initials/Date

ELIGIBLE

Initials: _____
Date: _____

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"/> BOGW	DATE:		
<input type="checkbox"/> Transcript	<input type="checkbox"/> BOGFW C	BOOK SERVICE DATE ISSUED <input type="checkbox"/> ACCESS _____	
<input type="checkbox"/> DSS Verification	<input type="checkbox"/> BOGFW _____	<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		
	<input type="checkbox"/> Other		



EOPS

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Name (Last, First): _____

SWC ID: _____

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 Identified as AB540
- Eligible for Board of Governors Fee Waiver (BOGFW) 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

Checklist:

Have you applied for the Board of Governor's Fee Waiver (BOGFW) for the 2017-2018 academic year:

☐ Yes ☐ No

Have you registered for Spring 2018 classes?

☐ Yes ☐ No ☐ I will on _____
Registration Date

You must be registered in 12 units or more (wait listed courses **DO NOT** count.) Students with DSS certification must be registered in 6 or more units and must provide a copy of their "Full Time Disclaimer" from the DSS office (Located on first floor of Cesar Chavez Building, Room S108).

Submit with application:

Are you a former EOPS student at Southwestern College? ☐ Yes ☐ No

If yes, please include an EOPS petition with your application (available in the EOPS office).

- ☐ Official Transcripts **must** be included with application for **all other** previously attended colleges and universities. **Please note:** Foreign transcripts cannot be accepted unless they are evaluated.

★★ You **must** have your classes and BOGFW by January 25, 2018 to be considered for EOPS in spring 2018.
Receipt of this application does not guarantee acceptance into EOPS

Any information you provide will be cross-checked with Southwestern College records.

OFFICE USE ONLY

Date Received: _____

Staff Initials: _____

- Make sure application is complete and legible
- Inform student that receipt of this application does not guarantee acceptance into EOPS