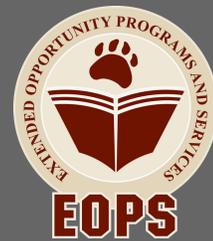


# EOPS

## EXTENDED OPPORTUNITY PROGRAMS AND SERVICES



### ELIGIBILITY REQUIREMENTS:

- Enrolled in 12 or more units (6 units if you have certification from DSS office)
- California Resident or Identified as AB540
- Eligible for California College Promise Grant method A1 - A3 or B
- Have NOT completed more than 58 degree applicable units
- Meet the Educational Disadvantage criteria as set by the State of California

### SUBMIT WITH APPLICATION:

Are you a former EOPS student at Southwestern College?

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

Have you attended other colleges and/or universities?

- If yes, Official Transcripts **must** be included with application
- Please note: Foreign Transcripts cannot be accepted unless they are evaluated

### CHECKLIST:

- Make sure you applied for the California College Promise Grant 2018-2019
- Register in 12 units or more (6 if you are in DSS) - Wait listed courses DO NOT count
- Students with Disability Support Services (DSS) certification **must** provide a copy of their "full-time disclaimer" from the DSS office, Room S108

### WHAT'S NEXT?

- Expect notification via college email from EOPS regarding status of application starting on November 29, 2018

**Please note:** receipt of this application does not guarantee acceptance into EOPS

Space is LIMITED  
and is on a first-come,  
first-served basis.

EOPS Office  
Phone: (619) 482-6456





# Extended Opportunity Programs and Services

Spring 2019 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 <b>yes</b> , 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 <b>yes</b> , 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 <b>yes</b> , 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 in USA? If <b>yes</b> , name of college/university attended: _____	Yes	No
5. Is there a primary language other than English spoken at home? If <b>yes</b> , 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 <b>yes</b> , 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	
<input type="checkbox"/> XECD LTA: _____	
<b>Resident</b> Yes No AB540	
<b>Ethnicity</b>	
<b>Units Enrolled</b> <input type="checkbox"/> DSS Date: _____	
<b>CC Promise Grant</b> A ___ B C IE	
<b>Units Completed</b> SWC _____ Other _____ TOTAL _____	
<b>Score/Date Taken</b> Math _____ Engl _____ ESL _____ Outdated (3 yrs +) <input type="checkbox"/>	
<b>Ed. Disadvantage</b> A. Testing B. HS Grad Y N C. HS GPA _____ D. Remedial Course _____ E. Other _____	
<b>Reviewer Initials/Date</b> _____ _____	
<b>ELIGIBLE</b> 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	<b>INITIALS:</b>	<input type="checkbox"/> Orientation Date _____	<input type="checkbox"/> MRC
<input type="checkbox"/> CCPG	<b>DATE:</b>		
<input type="checkbox"/> Transcript	<input type="checkbox"/> CCPG C	<b>BOOK SERVICE DATE ISSUED</b> <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	<b>Comments:</b>	
	<input type="checkbox"/> Petition Denied		
Date Received: _____		Staff Initials: _____	