

# 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 2019-2020
- 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 the week of November 25, 2019 (if you have already registered for spring 2020)

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

Space is LIMITED and is on a first-come, first-served basis. Applications can close once we reach capacity.

EOPS Office  
Phone: (619) 482-6456





# Extended Opportunity Programs and Services

Spring 2020 Application

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

Write legibly with a pen and answer all questions.

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 at Southwestern College? If <b>yes</b> , an EOPS Petition may be required 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. _____ <small>Name of College or University City and State or Country</small> 2. _____ <small>Name of College or University City and State or Country</small> *Please provide official transcripts dated within the current semester, for all schools listed	Yes	No
4. Have either of your parents received a bachelor's degree or higher from a four-year college/university in the 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 part of the Disability Support Services (DSS) program? If <b>yes</b> , please submit your verification form with this application. Disability Support Services (DSS) provides support services for students with disabilities. For more information or to request their services, please visit their office located on the first floor of the Student Services Building, Room S108.	Yes	No
9. I hereby grant EOPS permission to use my name or photo for web-based or printed publications 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 Other ___	
<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 or _____	<b>BOOK SERVICE DATE ISSUED</b> <input type="checkbox"/> ACCESS _____	
<input type="checkbox"/> DSS Verification	<input type="checkbox"/> Over Units	<input type="checkbox"/> SEP	<input type="checkbox"/> SxS Initials
<input type="checkbox"/> Petition	<input type="checkbox"/> Residency	<input type="checkbox"/> XEOM Date _____	Initials
<input type="checkbox"/> Other	<input type="checkbox"/> No Educational Disadvantage	<b>Comments:</b>	
	<input type="checkbox"/> Petition Denied		

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_