

EOPS

CARE | NEXTUP



Educate • Empower • Excel

eops@norccollege.edu
norccollege.edu/eops



NORCO
COLLEGE



APPLICATION



Last Name:

First Name:

Student ID#:

EOPS/CARE/NEXTUP APPLICATION: PART I

Student Information

- Gender: Transgender Male
 Transgender Female
 Non-Binary
 Female Male Other

Application for: Fall 20 _____ or Spring 20 _____ Today's Date _____
Last Name _____ First Name _____
Address _____ City _____ State _____ Zip Code _____
Home Telephone (_____) _____ Cell (_____) _____ Email _____
Student ID Number _____ Date of Birth _____ Student Email _____

What is your intended educational goal at Norco College? Associate's Degree Certificate Transfer Undecided

• Major (Academic Program of Study): _____

Is this your first semester with EOPS? Yes No (if no, where and when were you enrolled previously?)

College name _____ Date ____ / ____ / ____

Eligibility for Program Services

1. How many units are you planning to enroll in? 12 or more 9 to 11.5 below 9*

- Documented **disability** may make you eligible for a Unit Waiver from the required 12 units for the program.
- **Current or Former Foster Youth** are also eligible to take 9 units instead of the required 12.

2. Did you attend another college? Yes* No

*If YES, name of college: _____ Degree earned: A.A./A.S. B.A./B.S. Units Earned _____

*If YES, please submit unofficial transcripts from all colleges previously attended along with this application.

3. Academic Challenge Indicator

B. Name of High School Attended _____ Last Year Attended _____

- Graduation Status: High School Diploma Certificate of Proficiency G.E.D. Non-Graduate Adult Diploma

C. High School Grade Point Average: 0 - 2.49* 2.50 - 3.49 3.5 & Above

*If below 2.5 please submit High School transcripts along with application.

D. Have you ever enrolled in remedial classes? (Check all that apply) Yes No

High School/College ESL High School/ College Remedial Courses Learning Disability Other _____

E. Other Factors (complete all)

E1. Parents' highest levels of formal education: Enter code in box for ____ Mother ____ Father Unknown

1) No high school 2) Some school graduate 3) High school graduate 4) Some college

5) Two-year college graduate 6) Four-year college graduate 7) Postgraduate

E2. Is your Primary Language at home English? Yes No

E3. Have you ever been in foster care? Yes No (if yes, please complete Part IV)

E4. Please indicate your ethnic background (choose from the ethnic code below): _____

- | | | | | | |
|-----------------|-------------------|---------------------|---------------------|---------------------|----------|
| 01 Asian/Indian | 06 Korean | 11 Mexican American | 16 Other Hispanic | 21 Pacific Islander | 26 Other |
| 02 Asian—Other | 07 Laotian | 12 Mexican | 17 American Indian | 22 Hawaiian | |
| 03 Cambodian | 08 Vietnamese | 13 Central American | 18 Middle Eastern | 23 Guamanian | |
| 04 Chinese | 09 Filipino | 14 South American | 19 African American | 24 Samoan | |
| 05 Japanese | 10 Alaskan Native | 15 Hispanic | 20 Black | 25 White | |

4. Are you a participant of Norco College's Disability Resource Center (DRC)? Yes No

5. Are you a U.S. Veteran? Yes No Are you a U.S. Veteran with a disability (Wounded Warrior)? Yes No

6. Are you a single parent? Yes No (if yes, complete Part III)

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1. Assessment Scores (if applicable): English _____ Math _____ Reading _____ ESL _____ (Test Date _____) 2. CCPG: A / B (circle one)

3. College Transcript: Y / N High School Transcript (for GPA below 2.5): Y / N 4. SEP (current 2 year or 1 semester plan): Y / N

5. CA resident or AB540 Y / N 6. Previous EOPS participation: Y / N (if yes, # semesters _____) 7. Degree applicable units: _____

8. DRC verification form (if applicable): Y / N (unit load _____) 9. Readmit Contract (dismissal students): Y / N (unit load _____) 10. Program Flag _____

Application Submission Date _____ Staff Initial _____ Home College Location (circle one): NOR RIV MOV

EOPS/CARE/NEXTUP APPLICATION: PART II

Biographical Statement

Please write a brief statement about yourself, family commitments, your goals, and possible obstacles that could negatively impact you from achieving your goals. How can EOPS/CARE/NEXTUP help you achieve your goals?

Certification

I certify the above information is factual and correct. I grant the Norco College EOPS/CARE/NEXTUP Office the authority to verify and/or obtain the records necessary to document the above information and receive information regarding my college and academic status from other college departments. I also understand it may be necessary to provide further documentation to determine my eligibility for EOPS/CARE/NEXTUP services.

Student Signature

Date

FOR OFFICE USE ONLY (ADMISSION STATUS)

1. CA resident or AB540: Y / N 2. CCPG A or B: Y / N 3. Less than 45 degree-applicable units: Y / N (Norco units: _____ Transfer units: _____)

4. Planned enrollment for fall or spring semester: (# of units _____) 5. Academic Challenge: Enter code(s) from Section 5 _____

Admissions Status: Eligible _____ (Admitted _____ Waitlist _____) / Ineligible _____ (Denied _____)

Comment: _____

EOPS/CARE/NEXTUP Counselor Approval _____ Date _____

EOPS/CARE/NEXTUP Director Approval _____ Date _____ Database Entry Date _____ Staff Initial _____

EOPS/CARE/NEXTUP APPLICATION: PART III

Cooperative Agencies Resources for Education (CARE) Eligibility:

COMPLETE THIS SECTION IF YOU WOULD LIKE TO BE CONSIDERED FOR THE CARE PROGRAM

CARE (Cooperative Agencies Resources for Education) is a supplemental program for EOPS eligible students who are single, head of household, currently receiving TANF/CalWORKs (cash aid) and have a child age seventeen (17) and under. If you are eligible for the CARE Program, you may receive benefits in addition to those you receive from EOPS.

Eligibility for CARE Program Services

- 1. Are you receiving TANF/CalWORKs (cash aid) for yourself? Yes No
 Note Request TANF Verification Form if "Yes" to #1 or #2
- 2. Are you receiving TANF/CalWORKs (cash aid) for your children? Yes No
- 3. Are you a parent of at least one child age 17 and under? Yes No
- 4. Are you a full-time student (12 units or more)? Yes No
- 5. Current Marital Status (please select one) Married Single/Never Married Divorced Separated Widowed

Family Status - List all dependent children (ages 0 - 17 years of age)

Last Name	First Name	Relationship	Age	Birthdate

EOPS/CARE/NEXTUP APPLICATION: PART IV

COMPLETE THIS SECTION IF YOU WOULD LIKE TO BE CONSIDERED FOR SUPPLEMENTAL FOSTER YOUTH SERVICES:

NEXTUP is a supplemental program for students who are current or former foster youth. If you are eligible for PHOENIX SCHOLARS, you may receive benefits in addition to those you receive from EOPS.

Eligibility NEXTUP Services

- 1. Have you submitted your "Ward of the Court" documentation to the Financial Aid office? Yes No
- 2. When did you exit care? Before age 13? Between ages 13 - 15? After age 16?

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