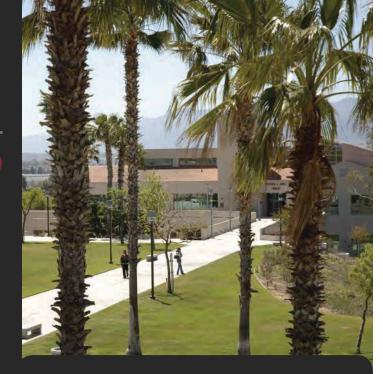
# **EOPS**

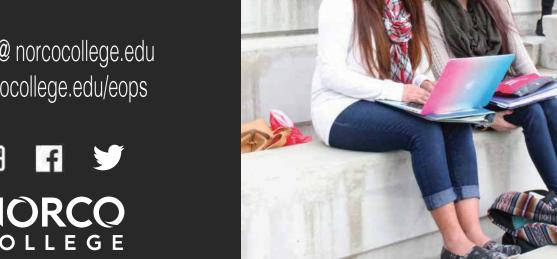
# CARE NEXTUP





eops@ norcocollege.edu norcocollege.edu/eops





#### Gender: Transgender Male EOPS/CARE/NEXTUP APPLICATION: PART I ☐ Transgender Female Student Information ■ Non-Binary Application for: Fall 20 \_\_\_\_\_ or Spring 20\_\_\_\_\_ Today's Date\_\_\_\_\_ ☐ Female ☐ Male ☐ Other Last Name \_\_ \_\_\_\_\_ First Name \_\_\_\_\_ \_\_\_\_\_ City\_\_\_\_\_ State \_\_\_\_ Zip Code\_\_\_\_\_ Address \_\_\_\_\_ 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? Ves No (if no, where and when were you enrolled previously?) College name\_\_\_\_ Eliqibility 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 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 13 Central American 18 Middle Eastern 08 Vietnamese 23 Guamanian 04 Chinese 09 Filipino 14 South American 19 African American 24 Samoan 05 Japanese 10 Alaskan Native 15 Hispanic 25 White 20 Black 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) FOR OFFICE USE ONLY (INTAKE) 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**

	ation is factual and correct. I gra			he authority to verify by college and academic
ertify the above informa d/or obtain the records tus from other college	departments. I also understand			on to determine my
ertify the above informath Mor obtain the records tus from other college	departments. I also understand			on to determine my  Date
ertify the above informa d/or obtain the records tus from other college	departments. I also understand /NEXTUP services.  Student Signature	l it may be necessary to pri	ovide further documentat	
ertify the above information obtain the records trus from other college ibility for EOPS/CARE/	departments. I also understand /NEXTUP services.  Student Signature  FOR OFFICE Y/N 2. CCPG A or B: Y/N 3. L	USE ONLY (ADMISSION Less than 45 degree-applicable	ovide further documentat  ON STATUS) e units: Y / N (Norco units:	DateTransfer units:)
ertify the above information obtain the records tus from other college jibility for EOPS/CARE/	departments. I also understand /NEXTUP services.  Student Signature  FOR OFFICE  Y/N 2. CCPG A or B: Y/N 3. L fall or spring semester: (# of units_	USE ONLY (ADMISSIC Less than 45 degree-applicabl Less than 5 Academic Challenge	ON STATUS) e units: Y / N (Norco units:_e: Enter code(s) from Section	DateTransfer units:)
d/or obtain the records tus from other college gibility for EOPS/CARE/  1. CA resident or AB540: 4. Planned enrollment for Admissions Status: Eligibl	departments. I also understand /NEXTUP services.  Student Signature  FOR OFFICE Y/N 2. CCPG A or B: Y/N 3. L	USE ONLY (ADMISSION Less than 45 degree-applicable) 5. Academic Challenge/ Ineligible (Denied	ON STATUS) e units: Y / N (Norco units:_e: Enter code(s) from Section	DateTransfer units:)
ertify the above information obtain the records tus from other college its from other college its for EOPS/CARE/	departments. I also understand /NEXTUP services.  Student Signature  FOR OFFICE  Y/N 2. CCPG A or B: Y/N 3. L fall or spring semester: (# of units_le(AdmittedWaitlist	USE ONLY (ADMISSION Less than 45 degree-applicable	ON STATUS) e units: Y / N (Norco units:) e: Enter code(s) from Section)	Date

#### **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?												
								4. Are you a full-time student (12	units or more)? 🔲 Yes 🔲 No			
								5. Current Marital Status (please s	select one) 🗆 Married 🗀 Single	/Never Married ☐ Divorce	ed 🗅 Separated	■ Widowed
								Family Status - List all depende	ent children (ages 0 - 17 years of	age)		
								Last Name	First Name	Relationship	Age	Birthdate
											+	†
			+	+								
EOPS/CARE/NEXT	TUP APPLICATION	N: PART IV										
COMPLETE THIS SECTION IF	YOU WOULD LIKE TO BE CONS	IDERED FOR SLIPPLEME	NTAL FOSTER VO	OUTH SERVICES:								
	am for students who are current or on to those you receive from EOPS		are eligible for PHO	ENIX SCHOLARS,								
Eligibility NEXTUP Services												
1. Have you submitted your "War	rd of the Court" documentation to t	he Financial Aid office?	Yes □ No									
2. When did you exit care? ☐ Before age 13? ☐ Between ages 13 - 15? ☐ After age 16?												
		/A DAMOCIONI OTATILO)										
	FOR OFFICE USE ONLY	(ADMISSION STATUS)										



#### **EOPS/CARE/NEXTUP**

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