

# EOPS

## CARE | NEXTUP



Educate • Empower • Excel

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[norcollege.edu/eops](http://norcollege.edu/eops)



**NORCO**  
COLLEGE



# APPLICATION



Last Name:

First Name:

Student ID#:

# EOPS/CARE/NEXTUP APPLICATION: PART I

## Student Information

Application for: Fall 20 \_\_\_\_\_ or Spring 20 \_\_\_\_\_ Today's Date \_\_\_\_\_ Gender:  Female  Male  Other  
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)

### 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 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?

**FOR OFFICE USE ONLY (ADMISSION STATUS)**

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**EOPS/CARE/NEXTUP**  
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