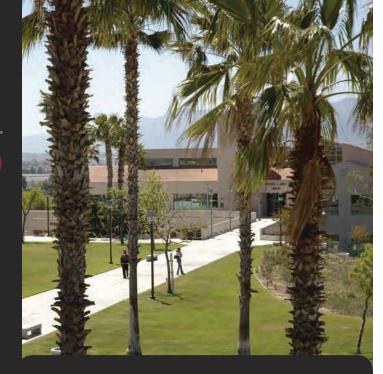
EOPS

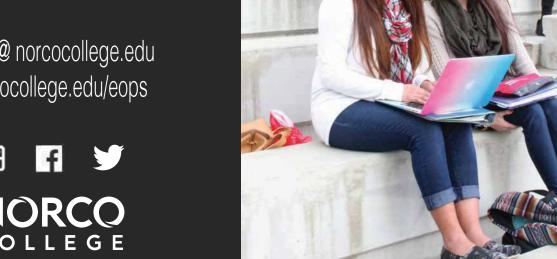
CARE NEXTUP





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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

Please write a brief statement about yourself, family commitment from achieving your goals. How can EOPS/CARE/NEXTUP help			d negatively impact you
			······································
Certification certify the above information is factual and correct. I grant the and/or obtain the records necessary to document the above intestatus from other college departments. I also understand it may eligibility for EOPS/CARE/NEXTUP services.	formation and rec	eive information regarding my c	college and academic
Student Signature			Date
FOR OFFICE USE 1. CA resident or AB540: Y / N 2. CCPG A or B: Y / N 3. Less that 4. Planned enrollment for fall or spring semester: (# of units) Admissions Status: Eligible (Admitted Waitlist)/ Inelection Comment:	an 45 degree-applic 5. Academic Challer igible (Denied	able units: Y / N (Norco units: nge: Enter code(s) from Section 5_ I)	
EOPS/CARE/NEXTUP Counselor Approval		Date	
EOPS/CARE/NEXTUP Director Approval			

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 S	ervices						
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	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 "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?														
		/A DAMOCIONI OTATILO)												
	FOR OFFICE USE ONLY	(ADMISSION STATUS)												



EOPS/CARE/NEXTUP

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