



SKYLINE COLLEGE EOPS/CARE APPLICATION

Thank you for your interest in EOPS/CARE. Please note that to be eligible for EOPS, you must be enrolled in 12 or more units. Students with 40 or more degree applicable units, international students, students with a bachelor's degree are not eligible for EOPS. If you have attended college outside SMCCCD, provide official transcript with your application.

SEMESTER OF APPLICATION: Fall _____ Spring _____ Year _____ Units Currently Enrolled _____

CONTACT INFORMATION

Student Name: _____

G Number: _____ Phone Number: _____

Address: _____
Number and Street City State Zip

Email Address: _____

PERSONAL INFORMATION

Date of Birth: ____/____/____ Age: _____ Gender: Male _____ Female _____

Marital Status: Single _____ Married _____ Separated _____ Divorced/Widow(er) _____

Are you a California Resident? Yes _____ No _____

If not, do you meet AB540 eligibility requirements? Yes _____ No _____

Are you a current/former DACA recipient? Yes _____ No _____

Are you a Foster Youth? Yes _____ No _____ What is the primary language spoken at home? _____

Do you participate in the DRC program at Skyline College? Yes _____ No _____ If yes, I give the EOPS Counselor permission to consult with the DRC staff about my accommodation plan _____

Student Signature

ETHNICITY

African American/Black American Indian/Alaskan Native Asian Caucasian/White
Filipino/Pacific Islander Hispanic/Latino Southeast Asian Other

EDUCATIONAL CRITERIA

High School/GED Completion Date ____/____/____ Did not complete High School or GED _____

Last High School Attended: _____ High School GPA: Under 2.50 _____ 2.50-4.00 _____

Have you attended other colleges/universities outside the San Mateo Community College District?* If so, please list all:

**Please submit unofficial transcripts from each college attended. Application without transcripts will be incomplete.*

How many college units have you completed? _____

Have you received a college degree from a college/university in the U.S. or internationally? Yes _____ No _____

If yes, what type? AA/AS _____ BA/BS _____ Other: _____

Did your parents receive a bachelor's degree in the U.S.? Mother: Yes _____ No _____ Father: Yes _____ No _____

EDUCATIONAL GOALS

Certificate _____ AA/AS Degree _____ Transfer without AA/AS Degree _____
 Transfer with AA/AS Degree _____ Undecided _____

What is your major? _____

Are you a member of any of these programs/resources on campus? *(please check all that apply)*

TRIO Honors Transfer Program Guardian Scholars DRC Veterans Resource Center MESA
 Hermanos/Hermanas Learning Community (ASTEP, CAA, CIPHER, FYE, Kababayan, Puente, Soc. Justice)

CARE ELIGIBILITY *(Complete this section only if you have dependent children)*

Are you receiving any of the following county services? TANF (Cash Aid) _____ CalWORKs _____

Are you a single parent on Cash Aid/TANF with a child (children) under the age of fourteen? Yes _____ No _____

Are you a single head of household? Yes _____ No _____ Number of dependent children? _____

Are your children receiving Cash Aid/TANF? Yes _____ No _____

Are you a participant of the CalWORKs Program? Yes _____ No _____

CERTIFICATION

I certify that the information on this form is true and complete to the best of my knowledge. I realize that any false statements or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my grant.

Student Signature _____ Date: _____

FOR OFFICE USE ONLY *(Do not complete)***EDUCATIONALLY DISADVANTAGED**

Not qualified for minimal level Mathematics or English Class(es) _____
 Math Placement Course Test Score _____
 English or ESOL Placement Course Test Score _____

Did not graduate from high school or obtain a GED _____

High school GPA below 2.50 _____

College remedial/ESOL _____

ECONOMICALLY DISADVANTAGED

BOGG Method A _____

BOGG Method B _____

OTHER (requires EOPS Director/Designee approval)

First generation _____ Member of underrepresented group _____ Primary Language not English _____ Foster Youth _____

EOPS Eligible _____

CARE Eligible _____

Number of units at term of acceptance _____

EOPS Not Eligible _____

CARE Not Eligible _____

Semester/Year Admitted _____

Staff Notes: _____

MIS DATA ENTRY CODES – ELIGIBILITY

A _____ Not qualified for minimum level English/Math

D _____ Previously enrolled in remedial education/ESOL

B _____ Did not graduate high school or earn a GED

E _____ Other eligible characteristics/qualifications

C _____ High school GPA below 2.50

EOPS Director/Designee's Signature _____

Date _____