



SKYLINE COLLEGE EOPS/CARE APPLICATION



Students must enroll in 12 or more units. Students with 70 or more degree applicable units, international students, and students with a bachelor's degree from a U.S. college or university are not eligible for EOPS services.

SEMESTER OF APPLICATION

FALL SPRING YEAR _____ UNITS ATTEMPTED _____

Last Name _____ First Name _____ G# _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Telephone Message Number _____

PERSONAL DATA

Date of Birth ____ / ____ / ____ Age ____ Gender: Male ____ Female ____
Marital Status: Single ____ Married ____ Divorced ____
Are you receiving CalWORKs/TANF/AFDC ____ Yes ____ No ____
Are you a single head of household? Yes ____ No ____ Number of dependents ____

EDUCATIONAL CRITERIA

Did you graduate from high school or received a GED in the U.S.? Yes ____ No ____ If yes, in what year? _____
If applicable, what was your high school GPA? _____
Did your father receive a BA/BS degree from a four year college/university in the U.S. or any other country? Yes ____ No ____ Your father's native language is _____
Did your mother receive a BA/BS degree from a four year college/university in the U.S. or any other country? Yes ____ No ____ Your mother's native language is _____
Have you attended other colleges/universities in the U.S. ? Yes ____ No ____ If yes, list all colleges you have attended (including Skyline) _____
Have you received a college degree from a U.S. university or any other country? Yes ____ No ____ If yes, what type? AA/AS ____ BA/BS ____ Other ____

SUBMIT AN UNOFFICIAL TRANSCRIPT FROM EACH COLLEGE YOU HAVE ATTENDED.

EDUCATIONAL GOAL

Vocational Certificate AA / AS Degree Transfer without AA / AS
Transfer with AA / AS Transfer major: _____
College / university you plan to transfer _____

Student Signature _____ **Date** _____

CARE ELIGIBILITY

Complete this section only if you have dependent children.

To qualify for CARE program services you must be:

EOPS eligible - a single parent/head of household -18 years of age or older - currently receiving TANF/CalWORKs assistance with a dependent (s) less than 14 years old.

Are you receiving cash aid assistance from the county in which you live? Yes _____ No _____

CHILD ' S NAME

DATE OF BIRTH

DAY CARE

CHILD ' S NAME	DATE OF BIRTH	DAY CARE

Do you need childcare assistance? _____ Yes _____ No

Number of children you need childcare for? _____

FOR OFFICE USE ONLY

EDUCATIONALLY DISADVANTAGED

Not qualified for minimal level Mathematics or English Class (es)_____

Mathematics 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 2.5_____ GPA_____

College remedial/ESOL_____

ECONOMICALLY DISADVANTAGED

BOGG Method A_____

BOGG Method B_____

Other (requires EOPS Director approval of at least two criteria)

First generation college student _____

Member of an underrepresented group _____

Parents never attended college _____

EOPS Director's Signature_____

EOPS Eligible_____ CARE eligible_____ Number of units at term of acceptance_____

EOPS Not Eligible_____ CARE Not eligible_____ Semester Admitted_____

MIS DATA ENTRY CODES— ELIGIBILITY

A _____ Not qualified for minimum level English/Math

B _____ Did not graduate from high school or earn a GED

C _____ High school GPA below 2.5

D _____ Previously enrolled in remedial education / ESOL

E _____ Other eligible characteristics / qualifications

STAFF NOTES

EOPS Director/Designee's Signature_____ Date_____