

## EXTENDED OPPORTUNITY PROGRAMS & SERVICES (EOPS)

To qualify, you must meet each of the following criteria:

1. Be a California resident or AB540 eligible, as determined by Admissions & Records
2. Be enrolled or plan to be enrolled as a full time student (12+) units, with the exception of DSPS students
3. Have fewer than 70 degree applicable units completed, including coursework completed at other colleges
4. Qualify for the California College Promise Grant (CCPG) A or B (formerly known as BOGFW A or B)
5. Demonstrate an educational disadvantage, which is determined by your responses on this application

### A. PERSONAL INFORMATION

Last Name		First Name	M.I.	Student ID
Street Address		Apt #	Phone Number	
City	State	Zip	Date of Birth	
E-mail address: _____				

### B. OTHER DEMOGRAPHIC INFORMATION

**Ethnicity:** American Indian      Asian/Pacific Islander      White/Caucasian  
Black/African American      Hispanic/Mexican American/Latino/Central American      Other \_\_\_\_\_

**Marital Status:** Single    Separated    Divorced    Married    Other      **Gender:** Male    Female

Are you or your children (under the age of 18) currently receiving TANF/CalWORKs (cash-aid assistance)?

\_\_\_ Yes      \_\_\_ No

Are you currently enrolled with Disabled Students Program and Services (DSPS)?

\_\_\_ Yes      \_\_\_ No

### C. COLLEGE HISTORY

1. Have you ever been an EOPS student at SBVC or at another community college?      \_\_\_ Yes      \_\_\_ No

If yes: Name of College: \_\_\_\_\_

2. Have you ever attended any college other than SBVC?      \_\_\_ Yes      \_\_\_ No

If yes, list names of colleges here: \_\_\_\_\_

**\*\*Official transcripts are required for each college you attended besides San Bernardino Valley College. Please provide your transcripts for all schools attended to the EOPS office or to Admissions & Records. \*\***

3. In total, how many units have you completed in college? \_\_\_\_\_
4. How many units are you planning to take next fall or spring semester? \_\_\_\_\_
5. How many units are you planning to take this summer? \_\_\_\_\_

6. What is your educational goal?     Transfer without an AA/AS Degree     Transfer with an AA/AS Degree  
 Certificate     Graduate with an AA/AS Degree     Other

7. What is your intended major? \_\_\_\_\_

**D. ECONOMICALLY DISADVANTAGED CRITERIA:**

- 1. Are you a resident of California? \_\_\_ Yes \_\_\_ No
- 2. Have you applied for the 2020/2021 FAFSA or for the 2020/2021 CA Dream Act? \_\_\_ Yes \_\_\_ No
- 3. What was the total annual income reported on your FAFSA or CA Dream Act application? \$ \_\_\_\_\_
- 4. What was the family size reported on your FAFSA or CA Dream Act application? \_\_\_\_\_
- 5. As of today, has the SBVC Financial Aid Office informed you of your eligibility for the 2020/2021 CCPG A or B (CA College Promise Grant Fee Waiver)? \_\_\_ Yes \_\_\_ No

**E. EDUCATIONALLY DISADVANTAGED CRITERIA:**

- 1. What level of math and English are you currently eligible to enroll in? Math \_\_\_\_\_ English \_\_\_\_\_ Not sure
- 2. Did you graduate from high school or earn your GED? \_\_\_ Yes \_\_\_ No
- 3. Was your GPA lower than 2.5 in high school? \_\_\_ Yes\* \_\_\_ No  
*\*If yes, you must submit high school transcripts with cumulative/final GPA.*
- 4. Have you previously been enrolled in basic skills classes in high school or college? \_\_\_ Yes\* \_\_\_ No  
*\*If yes, transcripts that include basic skills coursework must be submitted.*
- 5. Special admit criteria as allowed by California Education Code and the State Chancellor's Office:

Please check all which apply to you below:

- I am a first generation college student where neither of my parents has earned a bachelor's degree in the U.S.
- English is not the primary language spoken in my home.  
The language spoken in my home is \_\_\_\_\_.
- I am a current or former foster youth and can provide documentation.

**Please read this statement before signing:** I certify that all of the information on this application is accurate and complete. I understand that providing false information or not properly disclosing all requested information will result in immediate dismissal from the EOPS Program, should I be accepted. I further understand that the EOPS Program will fully verify my economic eligibility with the Financial Aid Office. If it is determined that I do not meet all eligibility criteria, EOPS will immediately discontinue providing services.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

**For Office Use Only:**

\_\_\_ Approved \_\_\_ Denied Semester Accepted into EOPS \_\_\_\_\_

Educational Eligibility Criteria: 1 2 3 4 5  Student Equity Underrepresented Target Group

MIS Input (initial) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
EOPS/CARE Director

\_\_\_\_\_  
Date