To be considered for admission to EOPS, you will need to complete this application. However, your FAFSA needs to be completed and you must have been awarded. Please note that admission into EOPS is not automatic. EOPS services are given to continuing students. New students into the EOPS program may be eligible for grants and book voucher for the following semester once they become "served".

Admission is now on a case-by-case review based on meeting certain financial aid criteria and determination of educational disadvantage. Thus, in order for the EOPS Program to give you every consideration, please answer all questions fully. Also, use complete sentences, where appropriate, and avoid short "yes" or "no" responses.

EOPS Grants
Book Vouchers
Summer Bridge Program
Transfer Assistance
Community Outreach
Supplemental Instruction
Achievement In Mathematics
Personal Counseling
Honor Membership
Cal State University, UC, and Private Application Fee Waivers

CARE Program
Learning Communities
Counseling
Campus Referrals
Priority Registration Appointments
Counseling Guidance Courses
Cap and Gown Voucher
Recommendation Letters

11110 Alondra Blvd
Norwalk, CA 90650
(562) 860 - 2451 ext. 2398
www.cerritos.edu/eops
## EOPS STATUS

<table>
<thead>
<tr>
<th>New to EOPS:</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Semester:</td>
<td>Fall</td>
<td>Year:</td>
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<tr>
<td>Spring</td>
<td></td>
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<tr>
<td><strong>DSP&amp;S:</strong></td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Summer</td>
<td></td>
<td>Units Enrolled In:</td>
</tr>
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</table>

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student ID Number:</th>
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<tbody>
<tr>
<td>Student Name:</td>
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<td></td>
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<td>Address:</td>
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<tr>
<td>Primary Telephone Number:</td>
<td>-</td>
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<tr>
<td>Email Address:</td>
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</tr>
</tbody>
</table>

## EDUCATIONAL INFORMATION

Did you graduate from high school, either in the U.S. or abroad?: Yes | No

If Yes, Name of High School:       Dates Attended: / / / 
If No, Have You Received Any Of The Following?: GED | Foreign Diploma | CA Proficiency Exam

Name of College or University | Degree Obtained | Dates Attended | Were You Part of EOPS in Any of These Schools?
--- | --- | --- | ---

Transfer with AA/AS | Transfer School
Transfer without AA/AS | Transfer School
Vocational Certification Only | AA/AS Degree without Transfer | Job Skills | Undecided
Planned Academic Major: |

## FAMILY INFORMATION

Highest year of education by your parents (e.g., 4th, 6th, 9th, 14th=Associate's Degree, 16th=Bachelor's Degree, etc.)

Mother | Father |

How Many brothers/sisters have attended a college or university?

What is your primary language? What languages are spoken at home?

Current employment of:

Self: | Mother: | Father: |

Ethnicity:

- American Indian: ____
- Asian: ____
- Afro-American/Black: ____
- Latino/Chicano: ____
- Middle Eastern: ____
- Pacific Islander: ____
- White/Anglo: ____
- Other/Specify: ____

## CARE ELIGIBILITY

Are you a single parent on CalWORKs/TANF with a child under 14 years of age?: Yes | No

If Yes, answer the following:

Single Parent, Head of Household?: Yes | No | Date Started Receiving CalWORKs/TANF: / /

Number of Dependent Children: ____ | Date of Birth of Youngest Child: ____

## BIOGRAPHICAL STATEMENT

Explain why you should be admitted into the EOPS Program:
This student has completed his/her application and signed the EOPS Agreement Form.

This student has been admitted into the EOPS Program.

Approved by: ___________________________          Date: ______________

EOPS EDUCATIONAL DISADVANTAGED CRITERIA

A  B  C  D  E  F  G
Cerritos College EOPS and CARE
Student Mutual Responsibility Contract

As an EOPS or EOPS/CARE student I agree to:

- Attend or complete an online EOPS orientation, if I am new to the EOPS program;
- Register and attend 12 units of course work during the term admitted into the EOPS program and at least 3 units the following terms. I understand that if I enroll in less than full-time status I may reach my six consecutive semester with the EOPS program before reaching my educational goal;
- Develop an educational plan with my Counselor. An educational plan is required for acceptance to the EOPS and CARE programs;
- Follow the educational plan and enroll in classes for my major;
- Schedule an appointment and meet with an EOPS counselor at least twice each semester;
- Submit a Work-in-Progress (WIP) form around mid-term each semester;
- Meet with the EOPS/CARE counselor if I am experiencing difficulties which impact my academic progress;
- Have any class adds/drops or changes in my educational plan approved by an EOPS Counselor or Coordinator;
- Maintain Satisfactory Academic Progress (SAP) Standards by maintaining a minimum cumulative G.P.A. of 2.00;
- Respond in a timely manner to all notices and/or calls made to me by the EOPS office;
- Notify the EOPS office of any changes in my class schedule, major, and/or units taken and;
- Maintain current address, phone number(s), and/or E-mail on “My Cerritos”

In addition, I understand that:

- My eligibility, in part, is determined by early completion of my financial aid application;
- EOPS/CARE Grants are awarded only if I have verified unmet need as defined by the Financial Aid Office and that EOPS can only provide grants up to $900 per year or a combination of grants and work-study up to $1800 per year;
- I am eligible for services for six consecutive semesters or upon reaching 70 degree applicable units as long as I fulfill the agreements in this contract;
- I authorize the EOPS/CARE staff to contact any student information sources at Cerritos College to verify any and all of my college and academic records to monitor my academic progress and fulfill program evaluation responsibilities;
- Failure to meet the standards of this contract that I will be placed on EOPS early warning status the following semester and I will not be eligible for EOPS early registration and an EOPS book grant for the following term. I also understand that if I am placed on EOPS early warning and I fail to meet the standards of this contract, I will be terminated from the EOPS program.

Additional Requirements for CARE students only:

- Provide verification of my TANF (public assistance) status from the Department of Social Services at the beginning of each year;
- Attend any required CARE seminars, meetings or appointments.

Print Name:

First name __________________________ Last name __________________________ SBN

Student Signature __________________________ Date __________________________

EOPS/CARE Staff Signature __________________________ Date __________________________