

## EOPS/CARE APPLICATION

[ ] Fall [ ] Spring [ ] Summer Year \_\_\_\_\_

Number in Household (including yourself)	Total Family Income Last Year  (adjusted gross income and/or untaxed income)
1	\$14,355 or less
2	\$19,245 or less
3	\$24,135 or less
4	\$29,025 or less
Add \$4,890 for each additional dependent	

**IF YOU HAVE COMPLETED 70+ UNITS, AN ASSOCIATE, BACHELOR OR  
MASTER'S DEGREE, YOU ARE NOT ELIGIBLE.**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone HM \_\_\_\_\_ Cell \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female

1. MARITAL STATUS: Single [ ] Married [ ] Separated [ ] Divorced [ ]

2. ETHNICITY:  White, not Hispanic  Latino  Native American or Alaskan  
 African American  Asian or Pacific Islander  Filipino  
 Other (Specify) \_\_\_\_\_

3. EDUCATIONAL HISTORY:

High School Diploma  GED  Non-Graduate Parents' native language \_\_\_\_\_  
 Highest education level by mother \_\_\_\_\_ Highest educational level by father \_\_\_\_\_

4. GAVILAN STATUS: New \_\_\_\_\_ Continuing \_\_\_\_\_ Returning \_\_\_\_\_ Year Last attended \_\_\_\_\_

5. EDUCATIONAL GOAL:

Transfer without AA/AS degree  AA/AS degree  Certificate/License  
 Transfer with AA/AS degree  Job Skills  Undecided  
 Transfer institution \_\_\_\_\_ Major \_\_\_\_\_

6. Have you attended any other colleges? ( ) Yes ( ) No, if yes, college(s) attended: \_\_\_\_\_

7. Other college units completed: \_\_\_\_\_ units  Quarter  Semester

8. Total family income last year \_\_\_\_\_ 9. Have you applied for Financial Aid? ( ) Yes ( ) No

10. Number in household \_\_\_\_\_ 11. What date did you begin living in CA? \_\_\_\_\_

**FOR CARE ELIGIBILITY ONLY:**

Are you a single parent on Cash Aid/TANF with a child under 14 years of age?  Yes  No

**If yes, answer the following:**

Single parent, Head of Household?  Yes  No Are you, or your children receiving Cash Aid/TANF?  Yes  No

Date started receiving Cash Aid/TANF \_\_\_\_\_ Are you a participant of the CalWORKs Program?  Yes  No

Number of dependent children \_\_\_\_\_ Age of youngest child \_\_\_\_\_ Date of birth of youngest child \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_