EXTENDED OPPORTUNITY PROGRAMS AND SERVICES (EOPS) empowers eligible students to succeed academically by providing invaluable support services that lead to graduation and transfer.

- Academic Counseling and guidance to assist with degree completion and transfer
- Early registration to enable students to select and ideal schedule
- Assistance with textbooks and lending library
- Campus visits to universities
- Student leadership through the EOPS Club
- Calculator lending program
- EOPS Grant (As funding permits)

COOPERATIVE AGENCIES RESOURCES FOR EDUCATION (CARE) focuses on the unique needs of single parents receiving cash assistance by providing support services that enhance academic success.

- Assistance with books and school supplies
- Transportation support (gas cards, bus tokens, parking permit)
- Auto repair assistance (up to $1,000)
- CARE Grants
- Child Care Grants
- Meal Cards
- Laptop Lending Program
- Assistance with completing FAFSA

To qualify for EOPS/CARE you must be enrolled full time (12 units), meet low-income and educational disadvantage guidelines.

*NOTE – You are NOT eligible for this program if you have completed 60+ degree applicable units.

EXTENDED OPPORTUNITY PROGRAM AND SERVICES
Gavilan Community College, L101A
(408) 848-4740
Hours: Monday – Friday, 8:00 – 5:00
WWW.GAVILAN.EDU/STUDENT/EOPS
EOPS/CARE APPLICATION

IF YOU HAVE COMPLETED 60+ DEGREE APPLICABLE UNITS, YOU ARE NOT ELIGIBLE.

Name __________________________________________________ G00# ________________

Address _______________________________________________ City __________________ ZIP __

Phone # ________________________________ Birthdate ___/___/_______ Email: ________________________

1. MARITAL STATUS: Single ☐ Married ☐ Separated ☐ Divorced ☐ ( ) Male ( ) Female

2. ETHNICITY:
☐ White, not Hispanic ☐ Latino ☐ Native American or Alaskan Native
☐ 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 education level by father ____________

4. GAVILAN STATUS: New ☐ Continuing ☐ Returning ☐ 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, list name of college(s)________________________

7. College Units Completed: Gavilan College _______ units Other Colleges _______ units ☐ Quarter ☐ Semester

8. Have you applied for Financial Aid? ( ) Yes ( ) No If so, FAFSA _______ or Dream Act ____________

9. Are you participating in TRIO ( ) Yes ( ) No or DRC ( ) Yes ( ) No

10. Number in household _______ Total Family Income ____________ Date you began living in CA _______

11. Have you been in the Foster care system? ( ) Yes ( ) No If so, you may be eligible for additional services/grants.

FOR CARE ELIGIBILITY ONLY:

Are you a single parent on Cash Aid with a child under 14 years of age? ☐ Yes ☐ No If yes, answer the following:

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

Date started receiving Cash Aid ____________ Are you a participant of the CalWORKs Program? ☐ Yes ☐ No

Number of dependent children _______ Age of youngest child _______ Date of birth of youngest child ____________

By signing, I certify that all information on this application is true and accurate to the best of my ability.

Student Signature ___________________________________________ Date ___________________________
Education Criteria for Title V

☐ A. Not qualified for enrollment into minimum level English or Math applicable to Associate Degree English 1A or Math 233). ESL students are not required to take college placement test.

☐ B. Did not graduate from high school or obtain GED.

☐ C. Graduated from high school with GPA of 2.5 or lower on a 4.0 scale.
   School Name___________________ High School GPA_________ High School Transcripts on file_______

☐ D. Previously enrolled in remedial education (list classes below).
   College remedial classes ____________________________________________________________

☐ E. Other factors set forth in district’s plan submitted to Chancellor pursuant to section 56270 as follows:
   1. First in family to graduate from college
   2. Member of underrepresented student group
   3. Primary language spoken at home other than English
   4. Emancipated Foster care youth

College Placement scores:  Eng ____________  Math___________

College transcripts on file _____  Date Requested ______________________

Units enrolled this semester _________  Total college unit’s completed __________

FAFSA or Dream Act completed _________  BOG Type:  A_____  B_____  C_____  EFC_______

EOPS Designee Signature_________________________________________ Date ______________________

EOPS Associate Dean Signature____________________________________ Date ______________________