



# EVERGREEN EOPS/CARE

OFFICE USE ONLY:		
Writing _____	Math _____	
FAFSA _____	EFC _____	
Cum. GPA _____	CA Promise _____	
Transcripts Missing: Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Unit waiver _____	Cum. Units _____	
CARE _____		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Pending <input type="checkbox"/>

## Application

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

### Step 1: Contact Information

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ EVC I.D.#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT.# \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ Male  Female  Non-Binary  Other

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ETHNIC BACKGROUND: \_\_\_\_\_ PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

## Extended Opportunity Programs & Services / Cooperative Agencies Resources for Education

### Step 2: Eligibility Requirements

Are you a California Resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you enroll in 12 units or more? (exemption for students with a verified disability)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied for a California Promise Grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a high school diploma or GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you graduate from high school with a less than 2.5 GPA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an emancipated foster youth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did either of your parents graduate from a 4-year US College (BA/BS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Admissions or Registrar's Office determined that you are exempt from paying nonresident tuition under education Code Section 68130.5 (AB 540)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Step 3: Educational History

List previously attended educational institutions and submit **unofficial college transcripts** with this application.

High School \_\_\_\_\_ Attended \_\_\_\_\_ to \_\_\_\_\_  
Year Year

Other School \_\_\_\_\_ Attended \_\_\_\_\_ to \_\_\_\_\_  
(College(s)) Year Year

### Step 4: Educational Goal

- Associate degree
- Transfer to CSU
- Transfer to UC
- Vocational Certificate/License

Intended Major \_\_\_\_\_

CARE Eligibility Requirements	
<i>(Additional benefits for a single parent receiving public assistance)</i>	
<input type="checkbox"/> I am a single parent/ head of household.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> I am receiving Cal-Works benefits.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> I have dependent child(ren) under 14 years of age.	Yes <input type="checkbox"/> No <input type="checkbox"/>

*By checking off the box, I hereby certify that the information provided on this application is accurate and complete to the best of my knowledge and agree to submit the EOPS/CARE application.* Date: \_\_\_\_\_