

E.O.P. & S. Application

(Extended Opportunity Program and Services)

PLEASE CHECK SEMESTER

Summer ___ Fall ___ Spring ___



NAME _____

STUDENT ID # _____

ADDRESS _____

PHONE NO: (____) _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

ETHNIC BACKGROUND _____

CALIFORNIA RESIDENT: Yes ___ No ___ GENDER: Male ___ Female ___ Age: ___

MARITAL STATUS: Single ___ Married ___ Divorced ___ Separated ___ (check one)

FAMILY SIZE: _____ (Include self) PREVIOUS YEAR FAMILY INCOME \$ _____ (Estimated)

DO YOU RECEIVE SSI ___ GA ___ VET ___ TANF ___?

1. Previous Education: H.S. Graduate ___ Name of High School _____
GED ___ H.S. Equivalent ___ Non High School Graduate _____

2. College Education: First Time Student _____ (Skip 4) Continuing Student _____

3. What is your major? _____

4. Total Units Completed _____ Cumulative GPA _____

5. Educational Goal: (Please circle one below)

a) Transfer without AA/AS Degree

c) Vocational AA/AS Degree

e) Certificate/License

b) Transfer with AA/AS Degree

d) Other AA/AS Degree

f) Basic Skills/Job Skills

6. Woodland Community College Placement Exam completed? Yes ___ No ___ Date _____

7. Do you have any disabilities? Yes ___ No ___ If yes, check response(s), which may apply to you?

Vision ___ Hearing ___ Learning ___ Physical ___ Other _____

8. In what areas can EOP&S be of assistance? (Please check all responses that apply)

Career Planning ___ Academic Counseling ___ Personal Counseling ___ Financial Aid ___ Child Care ___ Tutoring ___

Orientation ___ Study Skills ___ Housing ___ Referrals ___ Registration ___ Other _____

9. Make a brief statement about yourself. Indicate what your goals and objectives are in education, what type of work would you like to be doing five (5) years from now, and do you plan to work while attending Woodland Community College? _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

A. Schedule _____

Current

B. Transcript _____

Units _____ Current Term: _____

C. Ed Dis _____

70 or less _____

D. T Sum _____

Scores R _____ E _____ M _____

E. Income _____

EFC _____

F. Date Review _____

CARE _____

Reviewer Initials _____

AIDE _____

Not Eligible _____

NASU _____

G. Other _____

BOG _____