



# EOPS/CARE Programs – Woodland Community College

## Application for Admission

### Academic Year 2019 – 2020



Use Blue or Black Ink

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about our programs?

- ☐ Website  
☐ Brochure  
☐ Staff/Faculty  
☐ Friend/Family  
☐ Class Presentation

#### Educational Information

- ☐ High School Diploma  
☐ GED  
☐ Non-High School Graduate  
☐ Other:

Have you participated in EOPS in the past?

- ☐ Yes  
☐ No

If yes, at what college?

Educational Goal: (Check all that apply)

- ☐ Associate Degree (A.A. or A.S.)  
☐ Transfer  
☐ Certificate Other: \_\_\_\_\_

Please state your intended college major or certificate program at WCC/LCC/CCC:

Major: \_\_\_\_\_

Please indicate the highest level of education completed by your parents:

Mother Father

None	<input type="checkbox"/>	<input type="checkbox"/>
Elementary	<input type="checkbox"/>	<input type="checkbox"/>
High School	<input type="checkbox"/>	<input type="checkbox"/>
Some College	<input type="checkbox"/>	<input type="checkbox"/>
Associates Degree	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>
Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>

Was your high school GPA 2.49 or lower? If yes, please attach your high school transcript.

☐ Yes ☐ No

Have you completed any units in the Yuba Community College District?  
Includes any courses taken at WCC, LCC, CCC and YCC campus locations.

☐ Yes ☐ No

Have you earned any degrees or certificates? If yes, please state the degree, subject and year:

☐ Yes ☐ No

Have you attended any colleges outside the Yuba Community College District?

☐ Yes ☐ No

If yes, please attach all transcript(s)

Name of College or University Outside the Yuba Community College	Total Units Completed	Transcript Attached
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

#### Demographic Information

Sex: Have you lived in CA for at least 1-year + 1 day?

☐ Male ☐ Yes  
☐ Female ☐ No

Ethnicity:

- ☐ Caucasian  
☐ Latino  
☐ Asian American  
☐ Pacific Islander

- ☐ African American  
☐ Native American/  
Alaskan Native  
☐ Filipino  
☐ Armenian

- ☐ East Indian  
☐ Russian/Ukrainian  
☐ Decline to state  
☐ Other: \_\_\_\_\_

Primary language spoken at home:

\_\_\_\_\_

#### Program Information

Have you submitted the following documents to Financial Aid for the current year? ☐ FAFSA ☐ BOG Fee Waiver

Are you a former foster youth or ward of the court that can provide verification? ☐ Yes ☐ No

Are you a part of the Disabled Students Programs & Services? ☐ N/A ☐ Former DSPS ☐ Current DSPS ☐ Will apply for DSPS

If you are a participant, please attach a unit certification letter from the DSPS office.

Are you a part of the Woodland Community College CalWORKs program? ☐ N/A ☐ Former CalWORKs ☐ Current CalWORKs ☐ Will apply for CalWORKs

CARE

This section is for an additional program called CARE. If you meet the CARE criteria listed below, please fill-out the following questions. If you are not eligible, you may skip this area and proceed with the final section of the application.

##### CARE eligibility criteria

- Be eligible and admitted into EOPS
- Be at least 18 years of age
- Single parent/head of household
- Parent must be a CalWORKs/TANF recipient
- Have at least one child

A copy of your County Eligibility Verification or current TANF/CalWORKs Verification Form is required when applying for CARE.

Are you a single parent or head of household? ☐ Yes ☐ No

Are you receiving TANF/CalWORKs cash aid benefits for yourself? ☐ Yes ☐ No

If no, are your children receiving cash aid? ☐ Yes ☐ No

Which county are you receiving aid? \_\_\_\_\_

Number of dependent children: 1 2 3 4 5 6+

What is your marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated

If married, are you considered the head of household by your county's department of Social Services? ☐ Yes ☐ No

Do you have at least one dependent child that is 13 years of age or younger? ☐ Yes ☐ No

"Success is about being your best self, not about being better than others; failure is an opportunity, not a condemnation; effort is the key to success."

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Please provide responses below. Your application is considered complete only if you respond to all three items. Thoroughness of answers will be reviewed as part of the admissions process for the program.

1. What do you know about EOPS/CARE and the services our programs can offer you?

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2. Why do you want to be an EOPS/CARE student at Woodland Community College (Woodland, Lake or Colusa Student?)

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3. Briefly describe your short and long term educational or career goals.

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#### Student Learning Outcomes

Please answer the following questions to the best of your ability; there is no penalty for answering – Maybe, Not Sure or No.

SLO I: Can you, with confidence, state all of the campus support services and community resources available to you?

☐ Yes    ☐ Maybe    ☐ Not Sure    ☐ No

SLO II: Can you, with confidence, state all of the educational requirements necessary for you to reach your educational goal?

☐ Yes    ☐ Maybe    ☐ Not Sure    ☐ No

#### Student Authorization and Signature

With my signature below, I acknowledge that I have carefully reviewed the content of this application, and certify that the information contained herein is true and complete to the best of my knowledge per penalty of perjury I also realize that any false statement or failure to give proof when asked may be cause for the denial, termination, and/or repayment of EOPS/CARE services or equivalent cost for services. I authorize the sharing of information regarding this application between Woodland Community College EOPS/CARE, the Yuba Community College District, the Chancellor's Office of the California Community Colleges and Yolo, Lake and/or Colusa county social service agencies, as applicable. I understand that I can be removed from this program if I fail to comply with program guidelines, county requirements, fail to progress academically, or at WCC EOPS/CARE discretion. Lastly, I understand that services provided by this program are contingent upon available funds.

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

#### EOPS/CARE Staff Received:

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"Success is about being your best self, not about being better than others; failure is an opportunity, not a condemnation; effort is the key to success."*  
Carol S. Dweck, Ph.D.