



# EOPS/CARE Programs – Woodland Community College Application for Admission



Academic Year 2019 – 2020

Use Blue or Black Ink

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

How did you hear about our programs?

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

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

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

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

### 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? If yes, please attach all transcript(s)  Yes  No

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:  Male  Female  
Have you lived in CA for at least 1-year + 1 day?  Yes  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: \_\_\_\_\_