Fall: _____   **Spring:** _____   **Application #** _____

Woodland Community College
EOPS/CARE Application

Last Name:_____ First Name:_____ Preferred Name: _____

Student ID:_____   WCC Student Email:_____@go.yccd.edu

Contact # (_____) _____ - _____   ___ Cell Phone   ___ Home Phone   ___ Other

Address: _____ City: _____ State: _____ Zip Code: _____

DEMOGRAPHIC INFORMATION

Gender Identity (Select all that apply):

_____ Female   _____ Male   _____ Non-binary   _____ Transgender   ____ I prefer not to state

What is your racial/ethnic background (Check all that apply):

___ American Indian or Alaska Native   ___ Middle Eastern

___ Asian   ___ Native Hawaiian or Other Pacific Islander

___ Black/African American   ___ White

___ Latinx/Hispanic   ___ I prefer not to state

EDUCATIONAL INFORMATION

____Yes ____No   Did you graduate from high school? If yes, when? _____

          ___High School Diploma ___GED (Check the option that applies)

____Yes ____No   During high school, was your GPA below 2.5 or lower? **If yes, attach an unoffical copy of high school transcript(s).

____Yes ____No   Have you or either of your parents graduated with a bachelor's degree in or outside the United States?

          If yes, who earned the degree? _____Student ____Parent(s)

Educational Goal: (Check all that apply)

          ___ Certificate of Achievement

          ___ Associate Degree

          ___Transfer to a four-year University

          ___Other: _____

Please state your major: _____

Have you participated in EOPS before?

          ____No   ____Yes, at which college: _____

Have you attended another community college or 4-year university in or outside California?

          ____Yes (list college(s) below)   ____No

List all Colleges attended: _____

          _____

          _____

*** You must submit unofficial transcripts for ALL college(s) attended. Not reporting a college will affect your eligibility*

List degrees/certificates earned: _____

     (include the year received)

          _____

PROGRAM INFORMATION

_____Yes _____No   Will you be enrolled in 12 units or more?

_____Yes _____No   Do you plan on graduating with an associate degree and/or transferring to a 4-year university?

_____Yes _____No   Are you a veteran or a family member of a veteran?

_____Yes _____No   Have you ever spent any time in foster care?   **(Verification of Foster Youth will be required)*

_____Yes _____No   Are you eligible for the California Dream Act / AB540 / DACA ?

_____Yes _____No   Do you have a certified disability or did you participate in special education in high school and have an IEP?

_____Yes _____No   Are you planning on majoring or have an interest in math, engineering, or any of the sciences?

_____Yes _____No   Are you or your child(ren) receiving CalWORKs cash aid assistance from the County?
                    ***(If yes, complete the CARE Program section below)*

CARE PROGRAM

_____Yes _____No   Are you 18 years of age or older?

_____Yes _____No   Are you a single parent and head of household?

_____Yes _____No   Are you or your child(ren) receiving TANF/CalWORKs cash aid?

From which county are you receiving aid?   _____

   If yes, a copy of your County Eligibility Verification or current TANF/CalWORKs Verification is **required when applying for CARE

STUDENT APPLICATION CHECKLIST

Please make sure to complete the following steps before submitting your application.

        _____Applied for FAFSA or DREAM Act Application for the current academic year.

        _____Submitted a CCCApply application for Woodland Community College.

** If you answered "yes" to questions about High School GPA below 2.5, attending other colleges/four-year universities, Foster Youth, CalWORKs/TANF, or about educational accomadations you are required to submit the following documents:

Question	Document Required
"Yes" to High school GPA below 2.5	_____ Unofficial HS transcripts
"Yes" to Attended other colleges/four-year university	_____ Unofficial college transcripts for ALL colleges/universities attended
"Yes" to Former Foster Youth	_____ Verification from Court or Agency
"Yes" to CalWORKS cash aid assistance	_____ County Eligibility Verification or CalWORKs/TANF Verification Form
"Yes" to certified disability or IEP	_____ Copy of IEP or DSPS Verification Form

Note: You are responsible for a Complete EOPS/CARE Application regardless if accepted by the front desk or staff member

STUDENT AUTHORIZATION/SIGNATURE

The information I provided is true and correct. I understand that if I provided false information, do not answer all questions accurately, or withhold information, I will be immediately dismissed from the EOPS/CARE program.

By signing below, you are giving this program staff the permission to refer your application to other student services programs you may be eligible for and would benefit from. These academic support programs can include DSPS, MESA, TRiO, CalWORKs, and Veterans Resource Center.

Student Signature:_____   **Date**:_____