



Woodland Community College EOPS/CARE & NextUp Application



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

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

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

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

What is your primary language spoken at home? _____

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 unofficial 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? **** (If yes, complete the NextUp section below)**
- 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**

NextUp PROGRAM

- Yes No At any point after your 13th birthday, were you in foster care placement through the Department of Children and Family Services in the state of CA or any other state?
- Yes No Do you have access to a Foster Youth Verification or Proof of Dependency Letter?

Date of Birth (MM/DD/YYYY) _____

****If yes, a copy of your Verification of Foster Youth is required when applying for NextUp**

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 accommodations you are required to submit the following documents:**

<u>Question</u>	<u>Document Required</u>
"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: _____

Staff Signature: _____

Date: _____