



APPLICATION

Extended Opportunities Programs and Services (EOPS)
Cooperative Agencies Resources for Education (CARE)

Please complete and return this application to the Miramar College EOPS Office, K1-305. This will help us determine your educational disadvantage according to Title V regulations. All other college transcripts need to be on file before your application is reviewed. You will be notified of your eligibility. EOPS grants, if awarded, will be part of your financial aid package.

PERSONAL INFORMATION

Name _____ CSID # _____
Last First M

Address _____
Street City State Zip Code

Phone _____ Email _____

Please (☑) your answers:

Did you receive EOPS through Miramar College last academic year? Yes No

If yes, sign, date and return this form to the EOPS Office.

If no, please continue to complete this application and return it to the EOPS Office.

Are you a member of a household that receives CalWORKS financial assistance? Yes No

Residency

Have you lived in California the past 12 months? Yes No

Are you: U.S. Citizen Other

Gender: Male Female Age: Under 18 17-25 26-35 36 or over

Ethnic Background

- 1. American Indian
- 2. Asian
- 3. Black/Afro American
- 4. White/Caucasian
- 5. Hispanic/Mexican-American
- 6. Filipino
- 7. Pacific Islander
- 8. Other (specify)

Family History

Did either of your parents graduate from a four-year college or university? Yes No

What are your parents' native languages?

What is your marital status? Single Married Separated Divorced

Do you have any children under 14 years of age? Yes No Age(s):

Are you an emancipated foster youth? Yes No

EDUCATION

Which of the following best represents your educational goals?

- Transfer to a four year school
- Without an AA/AS degree
- With an AA/AS degree
- AA/AS degree
- A certificate
- Basic skills (general education)
- Job Skills
- Undecided
- Unknown

(over)

If you are planning to transfer to a four-year school, where do you plan to transfer?
When?

In what educational field do you plan to major or earn a certificate?

High School

High School graduate: Yes No

High School GPA (grade point average): 0-2.40 ("C" average or less) 2.5-4.0 ("C+" average or better)

I was enrolled in one or more *remedial** classes in high school: Yes No

I have the equivalent of a high school diploma: Yes No

College

Have you attended any college classes? Yes No

If yes, how many units of college work have you completed? _____ Where? _____

Have you received a college degree? Yes AA/AS BA/BS Other (specify) _____ No

Were you an EOPS student at another college? Yes No

Miramar College Placement Assessment Results

Scored 5 on Writing (qualified for English 101) Scored 5 on Reading (qualified for English 101)

Scored 3 or higher on Math (qualified at least for Math 95)

Have not taken assessment

High School transcripts or transcripts scored from English and Math placement assessments may be needed to verify statements on this form. The Financial Aid Office may require additional documentation

Have you taken *remedial** classes at another college? Yes No

Have you taken *ESOL 19, 20, 21, 22, 30, 31, 32, 40, English 42, 43, 51, 56, Math 32, or 35?* Yes No

**Remedial classes for the purpose of this questionnaire are defined as classes you took to build up your basic skills in reading, writing, math, ESL, etc.*

How many units do you plan to take next semester? _____

To the best of my knowledge, the information I have provided is correct. I realize that any false statements or failure to provide proof when asked may be cause for denial, reduction, withdrawal and/or repayment of my grant. I authorize release of information regarding this application between the college programs, the college district, and the Chancellor's Office, California Community Colleges.

Signature _____ Date _____

Please return completed application to:

EOPS Office, Miramar College, 10440 Black Mountain Road, San Diego CA 92126

If you have questions, please call the EOPS Office at (858) 536-7869 or (619) 388-7869 or visit K1-305.

Office Use Only

Eligibility Criteria

California Resident
 Full-time / @Miramar
 Authorized by director > 9 units
 < 70 units - = Units
 BOGG A or B or C
 Income verification
Total Income _____
= _____
Income limit _____

#A___ Assessment test scores: RD _____ WR _____ MT _____ ES _____
#B___ Did not graduate high school or obtain GED HS transcripts Official letter
#C___ High school GPA below 2.5 HS transcripts
#D___ Previous remedial action transcripts Math _____ English _____
#E___ Other factors First generation college student
 Parents not native English speakers
 Under-represented group

EFC=

CalWORKs

CARE

Age under 14

Accepted

On cash aid

Single, separated, or divorced Married DSPS Student Special Major

Denied

EOPS Director Signature _____ Date _____ MIS CODE _____ TERM _____