



Chaffey College

Extended Opportunity Programs & Services

APPLICATION

Fall

Spring

Summer

Academic Year _____

Last Name _____ First Name _____ MI. _____ SID # _____

Birth Date ____/____/____ Phone (____) _____ Alt. Phone (____) _____

Address _____ Apt/Sp# _____ City _____ ZIP _____

All Applicants Must Complete This Section (Questions 1-10)

1. What Is Your Educational Goal? Transfer Without AA/AS Degree Transfer With AA/AS Degree Vocational AA/AS Degree Certificate/License Other _____

2. Have You Taken English as a Second Language (ESL)? Yes No
3. Have You Taken Remedial Classes? Yes No
4. Have You Taken a Chaffey College Assessment Test? Yes No
Math Score _____ English Score _____

***Copy of Results must be submitted with Application.**

5. Are You a High School Graduate? Yes No
6. Have You Obtained a GED or the Equivalent? Yes No
7. Was Your High School GPA above 2.5? Yes No

***If No, H.S. transcripts must be submitted with Application**

8. Have You Previously Participated in the EOPS? Yes No
***EOPS Verification must be submitted with Application.**

When? _____ Where? _____

9. Have You Previously Attended Chaffey College? Yes No

When? _____

10. Have You Attended Another College Before? Yes No
***Copy of Each College Transcripts must be submitted with Application.**

College _____ Dates Attended _____

College _____ Dates Attended _____

College _____ Dates Attended _____

Applications will not be processed without the appropriate High School/College Transcript(s), Chaffey College Assessment Test Scores and/or EOPS Verification Letter(s)

If you are interested in CARE—additional benefits for EOPS students participating in CALWORKS/GAIN—please answer the following questions (11-13):

11. Receiving CALWORKS/GAIN Benefits? Yes No
12. Single head of household? Yes No
13. Do you have children under the age fourteen(14)? Yes No

You must first be eligible for EOPS before you can be considered for CARE

I Certify That I Am Aware That First Priority For Acceptance Into The EOPS PROGRAM Is Given To Fulltime Students With Fewer Than 48 Overall College Units. I Understand That My Application Must Be Signed And Dated, And Any Necessary Documents Must Be Attached Before Submitting To The EOPS Office. I swear that to the best of my knowledge all of the information on this application is true and complete.

Signature _____

Date _____

RECEIVED
STAMP HERE