EOPS/CARE APPLICATION

All information provided will be held confidential and used for the EOPS/CARE program purposes only. All information requested must be completed for the application to be approved. ***Please use black/blue print only.***

Personal Information

Name: _____ MPC SID #: _____-_____-_____
Last *First* *Middle Initial*

MPC E-mail: _____ Cell Phone: (___)_____ Phone #: (___)_____

Mailing Address: _____
Street *Apt #* *City* *State* *Zip Code*

Date of Birth: _____-_____-_____ Marital Status: ☐ M ☐ S ☐ D ☐ W

Access Resource Center (ARC) member ☐ Yes ☐ No

Class Level: New ☐ (1st year in college) Freshman ☐ (less than 30 units) Sophomore ☐ more than 30 units)

What ethnicity do you identify with? (Please check box that best describes you)

☐ American Indian or Alaskan Native ☐ Asian American or Asian ☐ Black or African American
☐ Caucasian (White) ☐ Hispanic or Latin ☐ Native Hawaiian/ Pacific Islander ☐ Other: _____

Educational Information

Attended MPC prior to 1995 ☐

Last High School Attended:_____ Do you have a High School diploma, GED or Equivalent? ☐ Yes ☐ No

High School GPA_____ Last Year Attended: _____ Has your High School transcript been provided to MPC? ☐ Yes ☐ No

Have you attended any other accredited colleges? ☐ Yes ☐ No If yes, list colleges: _____

How many total units have you completed at other colleges? _____ Did you receive a degree? ☐ AA/AS ☐ BA/BS

Has your mother earned a Bachelor's Degree? ☐ Yes ☐ No Is your mother a Native English speaker? ☐ Yes ☐ No
Has your Father earned a Bachelor's Degree? ☐ Yes ☐ No Is your father a Native English speaker? ☐ Yes ☐ No

Educational Goals: ☐ Transfer without AA/AS ☐ Transfer with AA/AS ☐ AA/AS Degree ☐ Certificate of Achievement

MPC Major: _____Transfer Major_____

IF YOU ARE RECEIVING TANF (AFDC), PLEASE COMPLETE THE FOLLOWING INFORMATION:

Who is your CWES worker? _____What is your Case #? _____

CWES Worker Location: _____ Are you considered Head of Household ☐ Yes ☐ No

Children's' Names & Dates of Birth:		Name of Childcare Provider	Off/On Campus:	Hours per Week:
Name	*DOB*	*Name*	*Off/On*	*Hours*
Name	*DOB*	*Name*	*Off/On*	*Hours*
Name	*DOB*	*Name*	*Off/On*	*Hours*
Name	*DOB*	*Name*	*Off/On*	*Hours*

_____ _____
Student Signature Date Department Signature Date

EOPS/CARE APPLICATION

Program(s) Affiliated With: CalWORKs EOPS __CARE __TRIO EVANS

EOPS OFFICE USE ONLY

EOPS STATUS: New Continuing

BOG Waiver: A B C N/A

Total Degree Units
MPC:

_____Summer _____Fall _____Spring

Other Colleges:

_____Summer _____Fall _____Spring

Access Resource Center: Yes No

Eligibility Factor (circle one): (A) (B) (C) (D) (E)

Number of MPC Units Planned:

_____Summer

_____Fall

_____Spring (not Early Spring)

EOPS Date of Acceptance: _____

EOPS Term of Acceptance:

_____
(YY#) Summer = 5, Fall = 7, Spring = 3

EOPS End of Term Status (circle one):

(E) (P) (C) (S) (U) (G) (X)

CARE Status (circle one):

(C) (L) (P) (S) (B) (O) (N)

CARE Date of Acceptance: _____ Term _____
(If student not CARE eligible report "YYY" for this field.)

CARE Marital Status (circle): (M) (U) (D) (S) (W) (X) (Y)

Date TANF Benefits Began:_____

CARE TANF Length (circle #): (1) (2) (3) (4+) (Y)

CARE Dependents (circle #): (1) (2) (3) (4) (5) (6) (Y)

CARE Withdraw Reason (circle): (A) (B) (C) (D) (E) (Y)

Is student EOPS eligible? ☐Yes ☐No
If not, state reason:

_____

_____

_____

If student is PENDING, what is needed to complete file?

_____

_____

Entered into MIS by:_____

Reviewed by:_____

PROBATIONARY STATUS:

FALL 20___

Cell Phone: (___)_____

SPRING 20___