

# Cypress College

## EOPS / CARE Application

Name: \_\_\_\_\_  
First Middle Last

Cypress College ID @ \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female

Email address (**please print neatly**): \_\_\_\_\_

### Eligibility for Programs & Services

1. Are you a California resident?  Yes  No

If not, are you participating in the California Dream Act (AB540)?  
 Yes  No

2. How many units are you planning to enroll in?  
 12 or more  9 - 11.5  Below 9

3. Have you applied for a Board of Governor's Waiver (BOGW) or FAFSA?  Yes  No

4. Total NOCCCD (Cypress & Fullerton College) Units completed \_\_\_\_\_  
 Cumulative GPA \_\_\_\_\_

a. Have you attended any other colleges?  Yes  No

b. Name of College (s) \_\_\_\_\_  
*(Provide unofficial transcripts from each institution)*

Other college units completed \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

### Educational Assessment

1. Have you taken the Math assessment test at Cypress or Fullerton College?  Yes  No

Have you taken the English assessment test at Cypress or Fullerton College?  Yes  No

If no, have you taken your assessment at another college?  Yes  No

Name of College (s) \_\_\_\_\_

2. High School Graduation Status:

- Graduate Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Certificate of proficiency  Non-graduate  
 G.E.D.  Adult diploma

3. What was your Grade Point Average (GPA) in High School?

- 0 - 2.49  2.50 - 3.49  3.50 & above

High School \_\_\_\_\_  
Name  
 \_\_\_\_\_  
city state country

4. Have you ever been enrolled in remedial classes?  Yes  No  
*(includes IEP Class, Learning Disabilities, Study Skills, Tutoring)*

**(Check any that apply)**

- High School remedial courses  
 High School ESL  
 Adult Education ESL  
 College remedial courses (English and Math Below 100 Level)  
 College ESL  
 Diagnosed Learning Disability

5a. Did either of your parents graduate from a 4 year college?  Yes  No

5b. Ethnicity:  
 African American/Black (AB)  Filipino (F)  
 Anglo/White (AW)  Multi-ethnic (M)  
 Asian/Pacific Islander (AP)  Native American (NA)  
 Hispanic/Latino (HL)  Other (O)

5c. Are either of your parents non-native English speakers?  Yes  No

5d. Are you a current or former foster youth?  Yes  No

### CERTIFICATION

I certify that the above information is factual and correct. I grant the Cypress College EOPS office the authority to verify and/or obtain the records necessary to document the above information as well as to receive information regarding my college and academic status from other college departments. I also understand that it may be necessary to provide further documentation to determine my eligibility for EOPS services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Cypress College ID # @ \_\_\_\_\_  
First Middle Last Date of Birth

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell / Alternate

**CARE** (Cooperative Agencies Resources for Education) is a supplemental program for EOPS eligible students who are a current recipient of CalWORKs/TANF cash aid for themselves or dependent child(ren) as single head of household. If you are eligible for the CARE Program, you may receive benefits that are in addition to those you receive from EOPS. Additional paperwork will be required. **CalWORKs** (California Work Opportunity and Responsibility to Kids) is a program for students who are receiving CalWORKs/TANF through Social Services.

**Family Status** List all family members that currently live with you.

Name	Relationship	Age	Birth Date
	<i>Yourself</i>		/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

Are you receiving any of the following county services?  TANF (Cash Aid)  CalWORKs

**Marital Status** (please circle one)  
 M = Married U = Unmarried D = Divorced S = Separated W = Widowed MA = Married (Spouse Absent)

**No. of Dependents** (please circle one)  
 1 (1 child) 2 (2 children) 3 (3 children) 4 (4 children) 5 (5 children) 6 (6 or more children)

**TANF Duration** (please circle one)  
 0 = Plan to apply/pending Social Services Agency completion  
 1 = Student has received TANF for less than 1 year  
 2 = Student has received TANF for more than 1 year, but less than 2 years  
 3 = Student has received TANF for more than 2 years, but less than 3 years  
 4 = Student has received TANF for more than 3 years

**CERTIFICATION**

**All applicants must read this statement and sign below.**

I certify, under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. I also realize that any false statements or failure to give 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, the college district, the Chancellor's Office, California Community Colleges, and the social service agencies. This information may be utilized for program improvement and evaluation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit application in-person at the EOPS Office, located in room 201 of the Cypress College Complex.**