

# EOPS

**EXTENDED OPPORTUNITY PROGRAMS & SERVICES**

Thank you for your interest in the **Extended Opportunity Programs & Services (EOPS)** at El Camino College. EOPS is dedicated to the delivery of a comprehensive program that encourages the enrollment, retention, and transfer of students who are challenged by language, social, economic, and educational disadvantages.

## Complete the following to avoid delays in the review of your EOPS application:

- ☒ **EI CAMINO COLLEGE- Steps to Enrollment:** [www.elcamino.edu/admissions/steps/](http://www.elcamino.edu/admissions/steps/)
- ☒ **UNIT Requirement:** You must enroll in 12 units to be eligible for EOPS (exceptions apply for participants of the Special Resource Center (SRC) or for students enrolled in 9-11.5 units who are granted a full-time unit waiver, limited waivers available). You will not be invited to an EOPS/CARE Program Orientation until you register for classes. Check **MyECC** for your registration appointment.
- ☒ **TRANSCRIPTS:** If applicable, submit unofficial transcripts for all courses taken at other colleges.

## Next steps to join EOPS and receive an EOPS Book Voucher, if eligible.

- ➔ Eligible students will receive an email invitation to attend an EOPS/CARE Program Orientation. Please see eligibility requirements below.
- ➔ EOPS/CARE Program Orientations are scheduled for July through September 2018.
- ➔ Check your email at **MyECC** beginning in June/July to register for an EOPS/CARE Program Orientation.
- ➔ After attending the EOPS/CARE Program Orientation you will need to schedule an appointment to meet with an EOPS Counselor. Once your educational planning appointment is complete your **EOPS Book Voucher** will be released.

## **EOPS Eligibility Requirements:**

### **Reminder that to be eligible for EOPS, students must meet all of the following;**

- CA Resident or AB 540 or AB 1899
- Enrolled in at least 12 units when accepted into the EOPS program (some exceptions apply)
- Have less than 70 degree applicable units completed
- Qualify for the California College Promise Grant (BOGFW- Method A, B, or C with zero EFC).  
(Formerly known as the Board of Governors Fee Waiver)

### **Plus have an educational need in at least ONE of the following areas;**

- Placement scores below English 1A or Math 73/80
- Not have graduated from high school or obtained a GED
- High School graduate with a GPA below 2.5
- Previous enrollment in remedial courses
- Other factors as determined by the EOPS director (i.e. first generation college student, English is not the primary language spoken at home, current or former foster youth).



**Office Use Only:** Give student this sheet for his/her records as confirmation of submission

Collected By:

Date Turned In:



1. **Do you have a High School Diploma or General Education Development (GED) Certificate?** ☐ Yes ☐ No  
**If yes, what was your High School Grade Point Average (GPA):** Write N/A (not applicable) if GPA is not on a 4.0 scale. \_\_\_\_\_
2. **Did both of your parents complete a bachelor's degree?** ☐ Yes ☐ No
3. **Is English the primary language spoken at home?** ☐ Yes ☐ No
4. **When do you plan to start or when did you start your education at El Camino College?** \_\_\_\_\_  
(Semester, Year)
5. **How many college/university units have you completed?** (include international colleges/universities) \_\_\_\_\_
6. **Did you complete a bachelor's degree or higher?** (include international colleges/universities) ☐ Yes ☐ No
7. **Have you attended another college or university prior to attending El Camino College?** ☐ Yes ☐ No  
(If yes, please list all colleges and universities previously attended below including international colleges/universities and provide unofficial transcripts to make a determination on eligibility.)  
I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_
8. **Are you a former EOPS student participant at El Camino College?** ☐ Yes \_\_\_\_\_ ☐ No  
(Semester, Year)
9. **Were you a former EOPS student participant at another college(s)?** ☐ Yes ☐ No  
(If yes, please list the college(s) attended below)  
I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_
10. **Are you a current or former Foster Youth?** ☐ Yes ☐ No  
(Check yes if you have ever lived with a relative caregiver or have been a ward of the court.)
11. **Are you a participant of the Special Resource Center?** ☐ Yes ☐ No  
(The Special Resource Center assists students with disabilities in their pursuits of a post-secondary education at El Camino College. Students who receive services from the Special Resource Center must submit an EOPS/SRC Inter-Program Referral form noting the recommended number of units).

(A representative from the CARE program will contact students who may be eligible and request the appropriate documentation for acceptance into the CARE program.)

12. Are you at least 18 years of age? ☐ Yes ☐ No

13. Do you or your child(ren) currently receive CalWORKs/TANF cash aid? ☐ Yes ☐ No

14. If yes to question 13, are you single head of household on your case? ☐ Yes ☐ No

**Certification:** I hereby certify that all the information provided on this form is true and accurate to the best of my knowledge. I agree and understand that any falsification or misrepresentation of fact or information may be grounds for rejection of this application and/or removal from the EOPS and CARE Programs at El Camino College. By signing below, I authorize EOPS/CARE at El Camino College the right to access any and all of my student records to assist with program eligibility determination and the delivery of services.

**Print Applicant Name:** \_\_\_\_\_ **ECC Student ID #:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_