



EOPS

Submit completed applications to our office or email:

Office: SSB 330
 Email: wlac-eops@laccd.edu
 Telephone: (310) 287-4317

Extended Opportunity Programs & Services

I. Applicant Information

Student ID			Application Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	
Name	Last	First	Middle			
Address	Street					
	City		State	Zip Code		
			CA			
Primary Contact #			Alternate #			
College Email Address	@student.laccd.edu		Personal Email Address			
Date of Birth			Gender	<input type="checkbox"/> Female	Citizenship Status	<input type="checkbox"/> U.S. Citizen
(MM/DD/YY)			<input type="checkbox"/> Male			<input type="checkbox"/> Non-Citizen
Ethnicity	<input type="checkbox"/> African American/ Black	<input type="checkbox"/> Asian American/ Asian	<input type="checkbox"/> Latin American/ Hispanic	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Decline to State		

II. Student Educational Background

Did you receive a:	Please answer the following:	
<input type="checkbox"/> High School Diploma	Are you a current or former foster youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> G.E.D.	Was your High School G.P.A. below 2.5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> High School Equivalency	Have you ever been enrolled in remedial courses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No High School Diploma	Are your parents native English speakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did either of your parents receive a U.S. College degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever attended another college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your assessment scores below:	If YES, which college(s) _____ *	
English 101 <input type="checkbox"/> Yes <input type="checkbox"/> No	What are your college goals? (CHECK ALL THAT APPLY)	
Math 125/123C <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> AA/AS Degree <input type="checkbox"/> University Transfer

III. EOPS Criteria

IV. Board of Governors Grant Criteria

Are you a resident of California	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any family member receiving:	<input type="checkbox"/> CalWORKs <input type="checkbox"/> TANF
Have you completed 70+ degree applicable units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of members in family (including yourself)	_____
Do you have an AA/AS, BA/BS or higher degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last year's family annual income	\$ _____

V. For Foster Youth Only

VI. Student Certification

Are you a current or former foster youth whose dependency was established on or after your 13th birthday? Yes No

Are you 25 years or younger? Yes No

****For Office Use Only****

EOPS NextUp Guardian Scholars

I certify that the statements on this application are accurate to the best of my knowledge.

Student Signature

Date Application was submitted

Application Received By:
 Staff Initial: _____ Date: _____

NOTE: All applicants must have applied for a fee waiver (BOGG) through the Financial Aid office and be enrolled in 12 units before submitting the application.

******FOR OFFICE USE ONLY******

Application Reprocess

Submitted Application to be Reprocessed

Date: ___/___/___

Reason: Enrolled in 12 units Submitted transcripts Processed Fee Waiver Other: _____

Orientation

Scheduled EOPS Orientation

Date: ___/___/___

Time: ___:___ am/pm-___:___ am/pm

Rescheduled EOPS Orientation

Date: ___/___/___

Time: ___:___ am/pm-___:___ am/pm

Date	Comments	Initials
	Contacted student to let him/her know he/she was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Contacted: <input type="checkbox"/> By Telephone <input type="checkbox"/> Left Voicemail <input type="checkbox"/> Email <input type="checkbox"/> In Person	

Student ID	
Foster Youth	
Cash Aid	
BOG	
CA Resident	
Educationally Disadvantaged	
Units Enrolled	
Total Degree Units Completed	
AA or higher	
Home School	
Application Status	

___ Economically Disadvantaged BOGW A or B
___ Educationally Disadvantaged

- | | |
|--|---|
| 1) Below Math 125 or 123C | 5) Other: |
| Below English 101 | 5a. 1 st Generation |
| 2) Non-High School Graduate or GED | 5b. Underrepresented |
| 3) High School GPA below 2.50 | 5c. Parents not native English speakers |
| 4) Previously enrolled in remedial courses | |

	Comments
Denied	<input type="checkbox"/> No BOGG <input type="checkbox"/> Not enrolled <input type="checkbox"/> Below 12 units <input type="checkbox"/> College transcript
	<input type="checkbox"/> BOGG C <input type="checkbox"/> No Educational Need <input type="checkbox"/> 70+ DA

Eligibility Certified By: