



WEST LOS ANGELES COLLEGE ● EOPS/NEXTUP APPLICATION



Semester Applying: _____ Student ID #: _____ Date: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ Apt. # _____

City: _____ State: CA Zip Code: _____

Cell Phone #: _____ Alternate Phone #: _____

E-Mail: _____

Do you have children under 18? Yes No If yes, do you receive CalWORKs? _____

Submitted Ward of Court Letter: Yes No Office Staff Notes: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Apt. # _____

City: _____ State: CA Zip Code: _____

Cell Phone: _____ Alternative Phone #: _____

COLLEGE INFORMATION

Have you attended another College/University? No Yes If yes, please list:

1. _____ Submitted Transcripts: Yes No

2. _____ Submitted Transcripts: Yes No

SUPPORT SERVICES ON CAMPUS

Financial Aid: Completed FAFSA Yes No Year: _____

CHAFEE: Completed Chafee Application Yes No or Receiving CHAFEE: Yes No

Are you currently receiving services from the following?

| Services | Yes | No | Notes |
|---------------------------------|-----|----|-------|
| EOPS | | | |
| CARE | | | |
| Guardian Scholars | | | |
| Disabled Student Service (DSPS) | | | |





WEST LOS ANGELES COLLEGE ● EOPS/NEXTUP APPLICATION



| Services | Yes | No | Notes |
|-----------------------|-----|----|-------|
| Veterans | | | |
| TRIO SSP | | | |
| DREAM Resource Center | | | |
| CalWORKs | | | |
| Puente | | | |
| CalFresh | | | |

CAMPUS FEES/SERVICES

Have you paid any of the following fees?

ASO Fees: Yes No

Health Fees: Yes No

Parking Fees: Yes No

HOUSING

What is your current living situation?

Homeless Transitional Housing Family Member Shelter Friend Decline to state

Other: _____

List Transitional Housing Program/Shelter (*Ruth's Place/First Place for Youth/St. Anne's, Covenant House, etc...*)

EMPLOYMENT/ INTERNSHIPS

Are you currently employed? Yes No

How many hours per week: _____ Part time Full time

OTHER INFORMATION

Is there other information you would like to share with us?

(All information is confidential & only accessible to Staff)

I certify that the information I have completed is true and correct to the best of my knowledge.

Student's Signature

Date

