



West Los Angeles College
Cooperative Agencies Resources for Education
9000 Overland Avenue, Culver City, California 90230
Building SSB-330, (310) 287-4317 FAX (310) 287-4249

Student Name _____ I.D. # 88- _____
Address _____ Apt. _____
City _____ Zip Code _____
Email _____
Home # _____ Work # _____ Cell # _____

PART 1: Preliminary Criteria (Please Circle)

- | | | |
|---|-----|----|
| • Are you currently eligible for the EOPS Program? | YES | NO |
| • Are you currently receiving TANF/CalWORKs? | YES | NO |
| • Did you apply for WLAC Financial Aid? | YES | NO |
| • Are you currently a single parent head of household? | YES | NO |
| • Are you at least 18 years of age? | YES | NO |
| • Do you have at least one child under 14 years old? | YES | NO |

PART 2: Personal Information

- As of today, you are: Single Married Separated Divorced Widowed
- Name(s), date of birth, and age of dependent child(ren):

	Last, First Name	Date of Birth	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I certify that the above information is correct and I agree to provide **copies of my child(ren) certified Birth Certificate(s)**:

Applicant's Signature _____ Date _____

-----FOR OFFICE USE-----

Student has been approved for EOP&S: _____
Date

EOP&S Orientation: _____
Date

CARE Application status: Approved _____ Denied _____

CARE Orientation: _____
Date

Notes: _____
