



Cerro Coso Community College
EOPS/CARE Programs



Fall\_\_ Spring\_\_ Summer\_\_

Last Name First Name MI

ID# Date of Birth Phone

Mailing address City State Zip

Email address

Have you been on EOPS before? Yes\_\_ When\_\_ No\_\_

Number of units currently registered for Cerro Coso College:\_\_\_\_\_

Marital Status: (check one) Ethnic Status: (check all that apply)
Married Single Black Other
Divorced Widow(er) Hispanic Asian
Separated Native Amer. White

Is English your primary language? Yes\_\_ No\_\_

Has either of your parents attended college? Yes\_\_ No\_\_

Have you been granted a Board of Governors Grant (BOGG)? Yes No Don't Know

Have you taken the College Placement Exam? Yes No Don't Know

Size of your family (include yourself):\_\_\_\_\_

How many children under 14 years of age do you have?\_\_\_\_\_

Do you or your children receive AFDC benefits? Yes or No (If yes, please attach a copy of your passport to services.)

How long on AFDC \_\_\_\_\_.

Did you graduate from high school? Yes No Did you receive a GED? Yes No

If you graduated after 2006, did you pass the California high school exit exam? Yes No N/A

Approximate High School Grade Point Average (GPA)\_\_\_\_\_

List all college(s) attended: Total college units completed\_\_\_\_\_

Have you requested transcripts from previous colleges? \_\_\_yes \_\_\_no \_\_\_N/A

I certify that I have answered all questions to the best of my knowledge. I authorize Cerro Coso College to use this information to determine my eligibility for the EOPS/CARE Program. I understand that at a later date I may be asked to provide verification of the information provided on this application.

Signature of Applicant Date