

College of the Redwoods

EOPS/NextUp/CARE

2023-2024 APPLICATION

Extended Opportunity Programs and Services/Next Up/Cooperative Agencies Resources for Education

Ph: (707) 476-4270 Fax: (707) 476-4432 Email: eops-staff@redwoods.edu

Personal Data (Please Print)

Legal Name: _____ Student ID#: _____ Date: _____

Date of Birth: _____

Personal Pronouns: _____

What is the best phone number to contact you at?: _____

What campuses/sites do you plan to attend? (Check all that apply)

- Eureka Del Norte
 Klamath-Trinity Online

Are you a current or former foster youth? Yes No

Were you in foster care on OR after your 13th birthday? Yes No

Education History

- | | |
|--|--|
| 1. Are you a California resident or Dream Act Student?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Are you enrolled in or have you completed a GS 1 or GS 6 College Success Course?
<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(STRONGLY Recommended for new students, please ask EOPS staff for more information)</i> |
| 2. Have you completed LESS THAN 70 UNITS of college classes?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Are you enrolled in the Disability Services & Programs for Students?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING |
| 3. Are you enrolled full-time (12 or more units) for the upcoming semester?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Have you been enrolled in EOPS at CR or any other California Community College?
If YES,
Where? _____ When? _____ |

Education Criteria

- | | |
|--|---|
| 7. Did you graduate from high school?
If NO, did you complete your GED?
OR pass the High School Proficiency Test?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Ethnicity (Check all that apply)
<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other _____ |
| 8. Was your high school GPA below 2.5?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 13. Was/is the primary language spoken in your home English?
<input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Have you been placed in a math or English class by a counselor or advisor?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 14. Are you a current or former foster youth?
<input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Have you previously been enrolled in remedial education or basic skills courses?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 15. At anytime in the last 24 months were you determined to be homeless by verified agencies?
<input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Did your PARENT(S) receive a Bachelor's (BA/BS) degree from a 4-year university?
<input type="checkbox"/> YES <input type="checkbox"/> NO | 16. Have you attended any other colleges?
<input type="checkbox"/> YES <input type="checkbox"/> NO
*Name of college(s) attended: _____
<i>*Please submit unofficial transcripts to EOPS or official transcripts to Admissions ASAP</i> |

CARE Eligibility Screening

The CARE Program provides additional educational support services to assist single parents who are participating in a cash aid program.

- | | |
|--|--|
| 17. Are you the designated single head of household?
<input type="checkbox"/> YES <input type="checkbox"/> NO | <i>If you answered YES to questions 17-19 please ask a staff member for a CARE Supplemental Application.</i> |
| 19. Do you have a dependent under the age of 18?
<input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 18. Are you or your dependent receiving cash aid through CalWORKs/TANF/Tribal TANF?
<input type="checkbox"/> YES <input type="checkbox"/> NO | |

The information provided is true and correct to the best of my knowledge. I understand if I provide false information, I may be denied services offered by EOPS. I also give CR EOPS staff permission to discuss/share information regarding my EOPS status and academic progress with other CR faculty and staff.

Student Signature: _____

Date: _____

EOPS Staff Signature: _____

Date: _____