



# EOPS/CARE/CAFYES



## Spring 2018 Application

**All information is mandatory. Please write legibly.**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Alternative # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@student.laccd.edu

Have you completed OAC?

**O:** Orientation Yes  No

**A:** Assessment Yes  No

**C:** Counseling Yes  No

Were you previously an EOPS participant? Yes  No

If yes, which campus? \_\_\_\_\_

How did you hear about EOPS?

LAVC Outreach

Friend/Classmate

Class Presentation

Email from EOPS

Flyer

LACCD Application

Have you attended other colleges or universities (Within or Outside the U.S.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) of other colleges or universities attended:

\_\_\_\_\_

Are you a High School Graduate? Yes  No

High School Attended: \_\_\_\_\_

Did you earn a GED? Yes  No

Was your High School GPA below 2.5? Yes  No

**Check all that apply:**

Gender: M  F

Are you an AB540/DACA student? Yes  No

White, Non-Hispanic  Black/African-American, Non-Hispanic  American Indian  Asian  Pacific Islander  Hispanic/Latino

Other: \_\_\_\_\_

I am a **single parent** and a **CalWORKs/GAIN participant**

I am a current/former **foster youth**

*I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form shall be grounds for disqualification.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

Accepted: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_