



**WEST
HILLS**
COMMUNITY
COLLEGE
DISTRICT

WEST HILLS COLLEGE COALINGA
300 Cherry Lane
Coalinga, CA 93210
559-934-2000

WEST HILLS COLLEGE LEMOORE
555 College Avenue
Lemoore, CA 93245
559-925-3000

NORTH DISTRICT CENTER
1511 Ninth Street
Firebaugh, CA 93622
1-800-266-1114 ext. 2980



EXTENDED OPPORTUNITY PROGRAMS & SERVICES/COOPERATIVE AGENCIES RESOURCES FOR EDUCATION

APPLICATION

- ◆ Grants
- ◆ Counseling
- ◆ Priority Registration
- ◆ Student Recognition
- ◆ Transfer Assistance
- ◆ Community Outreach
- ◆ Campus Referrals

Required Documentation:

- 1) Class Schedule
- 2) All Previous College Transcripts (unofficial)
- 3) Current Year Taxes

WEST HILLS COLLEGE EOPS APPLICATION

Semester Attending _____

Name _____
Last First M.I.

Mailing Address: _____
Street City State Zip

Permanent (Home) Address: _____
Street City State Zip

Home Phone # _____ Message Phone # _____

Age _____ Birthdate: _____ Social Security # _____

Male Female

U.S. Citizen Yes No or Permanent Resident: Yes No Other

When did you stay in California begin? Date: _____
(Date stay began)

EDUCATIONAL GOALS *You must answer all questions.*

- | | |
|--|--|
| <input type="checkbox"/> Transfer W/O AA/AS Degree | <input type="checkbox"/> Transfer with AA/AS Degree |
| <input type="checkbox"/> Vocational AA/AS Degree | <input type="checkbox"/> Other AA/AS Degree |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Other (Specify) |
| | <input type="checkbox"/> a. Job Skills <input type="checkbox"/> b. Undecided |

If you are planning to transfer to a four year college, where will you transfer to? _____

Have you applied for financial aid? Yes No When? _____

What field do you plan to major in or get a certificate in? _____

Do you have any questions regarding the program? Yes No

Do you have a learning, psychological or other disability? _____

EDUCATIONAL BACKGROUND

- | | | |
|--|-------------------------------|----------------|
| <input type="checkbox"/> High School Diploma | Year of H.S. Graduation _____ | H.S. GPA _____ |
| <input type="checkbox"/> High School Proficiency Certificate | mo./yr. | |
| <input type="checkbox"/> GED (Bring copy of certificate) | | |
| <input type="checkbox"/> Non-Graduate | | |

Were you enrolled in any remedial classes in high school? Yes No

I was an EOPS student at another college. Yes No

I have taken remedial classes at another college. Yes No

Have you attended a college in a foreign country? Yes No

How many college units have you completed? _____

Where did you complete these units? _____ Must submit transcripts.

I have taken the West Hills College Math/English placement test. Yes No Date Taken: _____

ETHNICITY

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Non-Respondent |

Father or legal guardian's highest level of education:

Elementary High School College: AA/AS BA/BS

Mother or legal guardian's highest level of education:

Elementary High School College: AA/AS BA/BS

To the best of my knowledge, the information I have provided is correct.

Signature _____ Date _____



EOPS/CARE Office

CARE Application

Student Name	Social Security Number	Telephone Number

If you are....

- A single head-of-household? Yes No
- Currently receiving TANF/CalWORKS? Yes No
(Must submit Department of Human official document indicating individual is receiving public assistance.)
- A parent of a child(ren) under fourteen years of ages? Yes No
- Enrolled as a full-time student (12 units or more)? Yes No

If you answered **YES** to all of the above statements, continue to complete this form.

Marital Status: Married Divorced Separated Widowed Single/Never Married

Duration of TANF/CalWORKS (in months)

- Less than 12 months 12– 24 months 24– 36 months Over 36 months

Please complete the information about person's in your household that will receive at least half of their support from you – include yourself and your dependent children.

Full Name	Age	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The information provided below will be used to determine Cooperative Agencies Resources for Education (CARE) eligibility and renewal eligibility and will be kept confidential by the campus pursuant to Section 76200-76246 of the California Educational Code and the 1974 Family Education Rights and Privacy Acts (FERPA).

I authorize a Health & Human Services Agency representative to provide California Work Opportunity and Responsibility Kids Act (CalWORKs)/Temporary Assistance for Needy Families (TANF) certification to the Extended Opportunity Programs and Services (EOPS) and CARE Office at West Hills College District who will assist in coordination of applicable educational support services and welfare to work related activities.

Student Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

CARE eligible Yes No
 Fall _____ Spring _____ Summer _____

Staff signature: _____ Date: _____





EOPS/CARE Student Mutual Responsibility Contract

I _____, if determined eligible for the EOPS program, I agree to accept and comply with the following conditions:

(Please read each of the following requirements carefully and then initial before each)

1. I will not be an EOPS/CARE student until after my first scheduled visit with an EOPS/CARE counselor for completion of a Student Educational Plan (SEP).
2. I must maintain a minimum of 12 units each semester and I will notify an EOPS Counselor/Advisor before I withdraw or add any classes.
3. I will take any and all placement and/or assessment tests as required or prescribed by the college, EOPS/CARE Program.
4. I will meet with an EOPS counselor a minimum of 3 times per semester.
5. If I encounter difficulties meeting my educational/occupational objectives, I will consult with my counselor or designated EOPS/CARE staff .
6. I will maintain normal academic progress (2.0 grade point average, monitored by progress report) and comply with academic advisement.
7. I will notify EOPS/CARE of any changes in my phone number and /or address within 7days.
8. I must attend the EOPS/CARE orientation meetings and other meetings called by EOPS/CARE staff.

I hereby authorize the release of information to the EOPS/CARE staff from any or all information sources of the college system for the purpose of monitoring academic progress and program evaluation.

I further understand that eligibility for EOPS does not guarantee that I will receive services/grants from the program.

I understand that failure to fulfill the EOPS Student Responsibility Contract may result in my TERMINATION from the EOPS Program, or may result in other appropriate action, as determined by the EOPS Director (i.e., withhold EOPS services, grants, etc.)

The EOPS program will provide students that participate in the program and meet the requirements stipulated above:

- 1.) A monthly opportunity to meet with a certificated counselor on a scheduled basis;
- 2.) Drop-in visits with an EOPS counselor on an as available basis;
- 3.) Priority registration to register in classes recommended by the EOPS counselor and identified in the EOPS student educational plan;
- 4.) Assistance with college applications;
- 5.) Book service/Grants for EOPS eligible students.
- 6.) Transition assistance to four year colleges, universities, and future employment;
- 7.) Fee waiver application for CSU and UC.

Student s Signature

EOPS Director or Designee

Social Security No.

Date

Date Received By EOPS Office