

EOPS Application 2018 – 2019

Extended Opportunity Program and Services



Submit completed application via email: YCEOPS@yccd.edu; in person or by mail to:
Yuba College 2088 North Beale Road, Marysville, CA 95901 Attn: EOP&S/CARE Program
For more information you can visit our website: <http://yc.yccd.edu/student/EOPS/default.aspx>

NAME: _____ STUDENT ID: _____

ADDRESS: _____ PHONE NUMBER: _____

COLLEGE EMAIL ADDRESS: _____

City _____ State _____ Zip _____

CALIFORNIA RESIDENT: Yes No GENDER: Male Female

ETHNIC BACKGROUND: _____ DATE OF BIRTH: _____ AGE: _____

STUDENT PRIMARY LANGUAGE(S): _____ PARENT/GUARDIAN PRIMARY LANGUAGE(S): _____

MARITAL STATUS (check one): Married Divorced Separated Single Are you a single parent? Yes No

FAMILY SIZE (include yourself): _____ PREVIOUS YEAR FAMILY INCOME (estimated): \$ _____

1. Did either of your parents complete an Associate Degree or higher: Yes No Other _____

2. Previous Education: High School graduate Yes No Name of HS _____ Dreamer Yes No
GED/HS equivalent Yes No

3. Have you attended another college? Yes No Name of College _____

4. What is your major, program of study? (required) _____

5. Educational Goal (check one below):

a) Transfer without AA/AS Degree

c) AA/AS Degree

e) Certificate/License

b) Transfer with AA/AS Degree

d) AA-T/AS-T

f) Basic Skills/Job Skills

(Degree for Transfer)

6. Have you completed the Yuba College Placement Assessment? Yes No

7. Do you have any disabilities? Yes No If yes, please check all which may apply to you
Vision Hearing Learning Physical Other _____

8. Please make a brief statement about yourself. Indicate your educational goals and objectives, what type of work you would like to be doing five (5) years from now and let us know if you plan to work while attending Yuba College.

ALL INFORMATION must be completed in order for your application to be reviewed and/or considered.

SIGNATURE

DATE

OFFICE USE ONLY

A. Transcript _____ E. Current Units _____ EFC _____ Y Drive File Date _____

B. Ed Dis _____ F. 70 or less _____ CARE _____ Reviewer(s) _____

C. XTS1 E _____ M _____ G. Income _____ BOG _____ Date Reviewed _____

D. Not Eligible _____ H. Other _____ FAMILY SIZE _____

CONTACTS _____