

# EOP&S Application 2016 – 2017

Extended Opportunity Program and Services

SEMESTER

SU FA SP



Submit completed application via email: [YCEOPS@yccd.edu](mailto: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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CALIFORNIA RESIDENT: Yes No GENDER: Male Female

ETHNIC BACKGROUND: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PRIMARY LANGUAGE(S): STUDENT: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

MARITAL STATUS (check one): Single Married Divorced Separated

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

- Did either of your parents complete an Associate Degree or higher: Yes No
- Previous Education: High School graduate Yes No Name of HS \_\_\_\_\_  
GED/HS equivalent Yes No
- Have you attended another college? Yes No Name of College \_\_\_\_\_
- What is your major, program of study? (required) \_\_\_\_\_
- 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)
- Have you completed the Yuba College Placement Assessment? Yes No
- Do you have any disabilities? Yes No If yes, please check all which may apply to you  
Vision Hearing Learning Physical Other \_\_\_\_\_
- 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

<b>OFFICE USE ONLY</b>			
A. Transcript _____	E. Current Units _____	EFC _____	Y Drive File Date _____
B. Ed Dis _____	F. 70 or less _____	CARE _____	Reviewer(s) _____
C. TSum E _____ M _____	G. Income _____	BOG _____	Date Reviewed _____
D. Not Eligible _____	H. Other _____	FAMILY SIZE _____	
CONTACTS _____			