



Submit completed application via email: YCEOPS@yccd.edu
 For more information you can visit our website: <http://yc.yccd.edu/student/EOPS/default.aspx>

NAME: _____ STUDENT ID: _____
 ADDRESS: _____ PHONE NUMBER: _____
 _____ YUBA COLLEGE EMAIL: _____
City State Zip

CURRENT MARITAL STATUS: _____ ARE YOU A CalWORKS STUDENT: YES NO
 ARE YOU OR YOUR CHILD(REN) CURRENTLY RECEIVING CALWORKS/TANF CASH AID: YES NO
 DATE BENEFITS BEGAN: (MM/YYYY): _____
 COUNTY: _____

DO YOU HAVE A CHILD UNDER THE AGE OF 18? YES NO
 ARE YOU CURRENTLY EMPLOYED: FULL-TIME PART-TIME NOT EMPLOYED

PLEASE LIST EVERYONE IN YOUR HOUSEHOLD:

FIRST AND LAST NAME	AGE	BIRTHDATE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*****IN ORDER TO PROCESS YOUR APPLICATION***
 YOU MUST SUBMIT A COPY OF YOUR PASSPORT TO SERVICES WITH THIS APPLICATION**

Please make a brief statement describing your background and personal goals while attending Yuba College.

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

 SIGNATURE DATE

SPECIALIST USE ONLY
 Passport Status _____ EOPS Status _____ FA Status _____
 Eligible/Not Eligible _____ Specialist _____ Date Reviewed _____
 COMMENTS _____
 CONTACTS _____ Intake Date/Time _____

FRONT OFFICE USE ONLY
 Application Received Date _____ Y-Drive Entered Date _____ Date to Specialist _____
 Emailed/Contacted Date _____ Emailed/Contacted Date _____ Emailed/Contacted Date _____