



Submit completed application via email: YCEOPS@yccd.edu; in person or by mail to:
 Yuba College 2088 North Beale Road, Marysville, CA 95901 Attn: EOPS/CARE Program
 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 _____

CALIFORNIA RESIDENT: Yes No GENDER: Male Female

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

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

FAMILY SIZE (include yourself): _____ PREVIOUS YEAR FAMILY INCOME (estimated): \$ _____
 Are you a single parent? Yes No

1. Did either of your parents complete a Bachelor's Degree or higher: Yes No

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

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

4. 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)

5. Have you completed a Guided Self-Placement for Math and English? Yes No

6. Did you transfer from another college/university? Yes No If yes, which one: _____

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

8. How did you hear about the EOPS Program? _____

9. 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

*****SPECIALIST USE ONLY*****

Ed Dis _____ Current Units _____ 70 units or less _____ Other (CARE/DSPS/DREAMER/FOSTER YOUTH) _____

Income _____ Family _____ BOG _____ EFC _____

Eligible/Not Eligible _____ Specialist _____ Date Reviewed _____

COMMENTS _____

CONTACTS _____ Intake Date/Time _____

FRONT OFFICE USE ONLY (Form Revised April 2020)
 Application Received Date _____ Y-Drive Entered Date _____ Date to Specialist _____
 Emailed/Contacted Date _____ Emailed/Contacted Date _____ Emailed/Contacted Date _____