

**EXTENDED OPPORTUNITY PROGRAM & SERVICES
(E.O.P.S.) VICTOR VALLEY COLLEGE**

E.O.P.S. APPLICATION

DATE RECEIVED
OFFICE USE ONLY

Last Name: _____ First Name: _____ ID#: _____ Social Sec. #: _____

Address: _____ Apt. #: _____ City: _____ State: _____

Zip: _____ Phone: (_____) _____ - _____ Date of Birth: _____

Gender: Male Female Marital Status: Single Married Divorced Separated Widowed

Have you ever been an E.O.P.S. student at Victor Valley College?.....	YES	NO	<i>FOR OFFICE USE ONLY</i> _____ _____ _____ _____ _____
<i>If yes, when?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a California resident?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Are you enrolled in at least 12 units for the Fall or Spring semester?.....	<input type="checkbox"/>	<input type="checkbox"/>	
or			
Are you enrolled in at least 4 units for the Summer or Winter Session?.....	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a high school diploma or GED?.....	<input type="checkbox"/>	<input type="checkbox"/>	

What are your Victor Valley College assessment scores for:

*Note: You will need an **Appeal** form if the combined Reading & Sentence scores are **over 139** AND Arithmetic score is **over 79***

Reading: _____ Sentence: _____
Arithmetic: _____ Algebra: _____

*Date
Assessment
Test taken:*

Have you earned a degree from any two-year or four-year college or university?..... Yes No

Have you attended any other accredited college besides Victor Valley College?..... Yes No

If yes, list all other colleges attended: _____

CARE Program Eligibility Information

Number of children (aged 14 and under) in household: _____ Date of birth of **youngest** child in household: _____

Signature: _____ Date: _____

(PLEASE CONTINUE ON BACK⇒)

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

For counselor use only:

Completed 70 or more degree-applicable units Completed 6 consecutive semesters in E.O.P.S.

Reviewed transcripts from prior colleges or universities:

Yes _____
Director/Counselor's Signature Date

DATA ENTRY COMPLETED BY: _____	DATE: _____	REV. 06/06 EOPSAPP
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1. Were you born before January 1, 1983? Yes No
2. Are you a veteran of the U.S. armed forces? Yes No
3. Are you married? Yes No
4. Are you an orphan or a ward of the court, or were you a ward of the court until your 18th birthday? Yes No
5. Do you have legal dependents other than a spouse? (Answer "yes" if your dependent receives more than half of their support from you. Otherwise, answer "no".) Yes No

- If you answered "yes" to any of the questions 1 – 5, you are considered an independent student, and must provide income and household information about yourself (and your spouse if you are married). Skip to questions 8 – 14 (below).
- If you answered "no" to all questions 1 – 5, complete the following questions:

6. If your parent(s) filed or will file a 2005 U.S. Income Tax Return, were you, or will you be claimed on their tax return as an exemption by either or both of your parents? Yes No parent(s) don't file
7. Do you live with one or both of your parents? Yes No

- If you answered "yes" to either questions 6 or 7, you are a dependent student and must provide income and household information about your parent(s).
- If you answered "no" or "parent(s) won't file" to question 6 and "no" to question 7, you are an independent student and must provide income and household information about you (and your spouse if you are married).

COMPLETE THE FOLLOWING SECTION ONLY IF YOU (OR YOUR PARENT(S) IF YOU ARE DEPENDENT) RECEIVE UNTAXED INCOME (SSI/SSP, AFDC, ETC.):

8. Are you currently receiving monthly cash assistance from:
TANF/AFDC Yes No SSI/SSP Yes No General Assistance Yes No
9. If you are a dependent student, are your parent(s) receiving TANF/AFDC or SSI/SSP as their sole source of income?
 Yes No
10. Do you have certification from the California Department of Veterans Affairs or the National Guard Adjutant General that you are eligible for a dependent's fee waiver? Yes No

COMPLETE THE FOLLOWING SECTION ONLY IF YOU (OR YOUR PARENT(S) IF YOU ARE DEPENDENT) FILED A 2005 INCOME TAX RETURN; OR YOU ARE USING YOUR STUDENT AID REPORT (SAR) AS INCOME:

11. **Dependent Student:** How many persons are in your parent(s) household? (Include yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parent(s)) _____
12. **Independent Student:** How many persons are in your household? (Include yourself, your spouse, and anyone who lives with you and receives more than 50% of their support from you) _____

	Independent Student: Student (and spouses) Income	Dependent Student: Parent(s) Income
13. 2005 Income Information:		
A. Adjusted Gross Income (If 2005 Income Tax Return was filed, enter the amount from Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	\$ _____	\$ _____
B. All Other Income (Include ALL money received in 2005 that is not included in Line (A) above)	\$ _____	\$ _____
14. TOTAL income for 2005 (sum of A + B)	\$ _____	\$ _____

You (and your parent(s)/guardian(s) if you are a dependent student) must sign the certification at the end of this form.

I hereby swear or affirm under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to give proof, which may include a copy of my and/or my parent(s) 2005 U.S. Income Tax Return.**

Applicant's Signature

Date

Parent/Guardian's Signature (if dependent) Date