



**Application**

PLEASE PRINT CLEARLY & USE BLUE OR BLACK INK

**Section 1 Applicant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Ph. # (\_\_\_\_\_) \_\_\_\_\_ Cell Ph. # (\_\_\_\_\_) \_\_\_\_\_

Student I.D. # \_\_\_\_\_ Social Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Email Address \_\_\_\_\_

Gender:

Preferred Pronoun:

Ethnic Background (Please check all that apply):

- Asian
- White
- Alaskan Native/Native American
- Hawaiian/Pacific Islander
- African American/Black
- Hispanic/Latinx

1. What was the highest level of education completed by your parents:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

2. How many units are you enrolled in at VVC for this semester?

3. Do you have any children?

a) If yes, how many? \_\_\_\_\_

b) What are their ages? \_\_\_\_\_

4. Are you currently working?

If yes, how many hours per week do you work? \_\_\_\_\_

5. What is your current living situation?

**1. HIGH SCHOOL HISTORY**

- A. Name of High School \_\_\_\_\_
- B. City & State of H.S. \_\_\_\_\_
- C. High School Graduate
  - Yes. Year: \_\_\_\_\_
  - No
  - I received a GED or equivalent
- D. Was your H.S. GPA below a 2.5?  Yes  No

**2. COLLEGE/MILITARY HISTORY**

- A. Previously attended Victor Valley College?  Yes  No  
 \*If Yes, when \_\_\_\_\_
- B. Attended another college or university?  Yes  No  
 \*If Yes, complete Section 3
- C. Have you received an AA or AS degree?  Yes  No
- D. Have you earned a Bachelor's degree?  Yes  No
- E. Are you a veteran?  Yes  No  
 Year Discharged \_\_\_\_\_

**3. EOPS EXPERIENCE** (check appropriate box):

- New EOPS student
- New EOPS student at Victor Valley College but transferring from an EOPS program at another college.

**5. EDUCATIONAL EXPERIENCE**

- A. Have you taken English as a Second Language (ESL)
  - Yes  No
- B. Have you taken remedial (below college level) courses?
  - Yes  No
- C. Have you taken a VVC Assessment Test?
  - Yes  No
  - Math Score \_\_\_\_\_ English Score \_\_\_\_\_

**4. OTHER PROGRAM(S) PARTICIPATION**

- (check all that apply):
- CalWORKS program
  - I am receiving "cash aid" from County Services
  - I am receiving Cal Fresh from County Services
  - I participated in a Foster Care Program
  - ACCESS formerly known as DSPS
  - The high school I attended developed an IEP/504 plan
  - Upward Bound Program
  - First Year Experience Program
  - Veteran Services

**6. FOSTER CARE EXPERIENCE**

- A. Are you a current or former foster youth?
  - Yes  No **(if No skip to the next section)**
- B. Were you in foster care on or after your 16<sup>th</sup> birthday?
  - Yes  No
- C. Do you have a Ward of the Court/dependency letter?
  - Yes  No
- D. What County opened your foster care case?
  - \_\_\_\_\_
- E. Was your foster care placement through the Department of Children & Family Services (DCFS) or Probation?
  - DCFS  Probation  I don't know
- F. Are you under 26 years of age?
  - Yes  No
- G. Are you receiving AB 12 (Extended Foster Care) benefits?
  - Yes  No

**7. SINGLE PARENTS**

- A. Are you receiving **Cash Aid**?  Yes  No
- B. Are you considered single head of household by AFDC or TANF?  Yes  No
- C. Do you have at least one child **UNDER** the age of 14?  Yes  No

**\*\*If all apply, an Unaltered – Untaxed Income Form must be turned in within 2 weeks of submitting your application)\*\***

**Section 3 Other Accredited Colleges/Universities attended**

College/University: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Units Received: \_\_\_\_\_

College/University: \_\_\_\_\_ Dates attended: \_\_\_\_\_ Units Received: \_\_\_\_\_

**Section 4 Financial Information**

- 1. Have you applied for Financial Aid (FAFSA)?  Yes  No
- If **No**, you need to do so as soon as possible **BEFORE** you submit this application at [fafsa.ed.gov](http://fafsa.ed.gov)

**Section 5 Educational Goals (Check appropriate box)**

**Vocational Education – build job skills so I can:**

- › develop entry-level job skills
- › get a certificate or renew certification/license in my field
- › complete a vocational program/career change

**Associates Degree Program:**

- › complete general education requirements
- › receive an Associates of Arts/Associates Science Degree

**Transfer – I plan to transfer to a four-year college and obtain a Bachelor's degree, therefore I will:**

- › complete "major preparation" prior to transfer
- › transfer to a four-year school after I receive my AA/AS degree

## Section 6 Student Information Release

### STUDENT PUBLICITY RELEASE

*I understand that if I am accepted into the EOPS/CARE/NextUP program, the staff may include my name and/or picture in publications and on the Victor Valley College website. The website highlights student accomplishments and participation in campus and EOPS/CARE/NextUP program activities. I understand that I will receive no monetary payment now nor in the future for the reproduction of these photographs.*

### RELEASE OF INFORMATION

*I understand that by applying for the EOPS/CARE/NextUP program, I authorize the EOPS/CARE/NextUP program staff to obtain records or data pertinent to my participation from other campus departments and programs and to release information to the California Chancellor's Office for the purpose of project performance reporting. The program staff also have my permission to communicate verbally or otherwise with staff, faculty or off-campus professionals on my behalf.*

## Section 7 Student Certification

**I certify that all information on this form is true and complete to the best of my knowledge. I understand that my application must be signed and dated, and the below documentation must be submitted to E.O.P.S before my application is processed.**

- Registration Statement (*get this from Web Advisor*)
- Current Student Aid Report (*fafsa.ed.gov*)
- Letter from ACCESS (*if applicable*)
- Official transcript/s from other colleges attended

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

App Rec'd: \_\_\_\_\_  
Date Staff Initials

EOPS:  Eligible  Ineligible

CARE:  Eligible  Ineligible

NextUp:  Eligible  Ineligible

Notification Date: \_\_\_\_\_  Email  Phone

NextUp Intake Appt: \_\_\_\_\_