



EOPS NEW STUDENT APPLICATION 2018-2019 ACADEMIC YEAR

EOPS Santa Maria: (805) 922-6966 Ext. 3214
CARE/CAFYES (NextUp): (805) 922-6966 Ext. 3623

EOPS Lompoc : (805) 922-6966 Ext. 5206
CalWORKs: (805) 922-6966 Ext.3869

Thank you for your application to Extended Opportunity Programs and Services (EOPS). In order to determine your eligibility for EOPS, **all the steps in the following checklist must be completed and turned in to the EOPS office.** If you have any questions, please call us at 922-6966 ext. 3214 in Santa Maria, 735-3366 ext. 5206 in Lompoc.

- Complete the attached Allan Hancock College EOPS application.
- Submit current class schedule.
- Submit transcripts from ALL other colleges or universities attended to the Admissions and Records office.
 - EOPS cannot complete your application process until these are received.
- Provide Income Verification using one of the following:
 - **2018-2019 Financial Aid Award Overview Printout**
To obtain a printout, log on to your myHancock portal and check under the Financial Aid. Once you have clicked the Financial Aid Award link, print out the award overview and submit to the EOPS Office. Even if your Financial Aid has been cancelled, you may still be eligible for EOPS, so be sure to submit the Financial Aid cancellation printout to EOPS.
OR
 - **Current CalWORKs Cash Aid verification (12 month printout)**
OR
 - **Current SSI verification**

Reminders:

Complete the California College Promise Grant (formerly BOG) application if you haven't done so already:

If you are eligible, this will waive your enrollment and student center fees. Forms may be picked up from the AHC Financial Aid office, or on the college website (<http://www.hancockcollege.edu/>). Once you have completed the BOG(California Promise Grant), turn it in at the AHC Financial Aid office.

Fill out Free Application for Federal Student Aid (FAFSA) or CA Dream Act Application:

All EOPS applicants must complete and submit a financial aid application for FREE money to help pay for college expenses. These applications are available online at www.fafsa.ed.gov and www.caldreamact.org. After you have submitted the application, be sure to check your myHancock portal for any additional requests from the AHC Financial Aid office.

Before you make an appointment to meet with an EOPS counselor you need to obtain your English and Math placement. You will be placed based off of your high school transcript information as reported on the admissions application or in some cases you may want to take the START placement test (e.g. want a higher placement or have been out of high school for extended period).

For START placement test dates and times call the Testing Center at (805) 922-6966 in Santa Maria or (805) 735-3366 in Lompoc and dial ext. 3364

Complete Publicity Release Form: EOPS/CARE/CAFYES holds many events throughout the year with the possibility of your picture being taken. You may also be asked to participate in a student success video to discuss your experience here at Allan Hancock College.

**Extended Opportunity Programs & Services (EOPS)
Mutual Responsibility Contract
Academic Year 2018-2019**

I understand that the EOPS office will provide support services (financial, academic, tutorial, counseling, orientation, priority registration, and assistance with transfer) necessary to assist me in achieving my academic goals at Allan Hancock College. I understand that if I am accepted into the EOPS Program, it is my responsibility to comply with the following program rules:

1. As a new incoming EOPS student, I am required to enroll in at least twelve (12) units of approved classes per semester as outlined on my Student Education Plan (SEP) by an EOPS counselor. I will only be funded for those courses outlined on my SEP. If I drop below twelve units and fail to inform the EOPS office, I can be terminated and/or required to repay all previous awards for that academic term.
2. I will meet with all EOPS staff as required (**two EOPS academic counselor visits and a third visit with a specialist or peer advisor each semester as required by Title 5**). Failure to meet with my counselor or other EOPS staff for all scheduled appointments will result in the interruption and/or termination of my funding and/or services. Two missed appointments in one semester will require meeting with the EOPS director or Specialist, for continued funding or services.
3. As an EOPS student, I must attend one EOPS orientation during **my first semester** in the program.
4. As an EOPS student, I must attend one campus activity **every** semester (workshop, fieldtrip, PCPA event).
5. I must notify the EOPS office of any changes in my class schedule, number of units, address and/or phone number. I must also make these changes in my Hancock portal.
6. I must maintain satisfactory progress each semester in the units for which I enroll, and complete those units for which I am funded and/or receiving services, with a C average (2.0 GPA) or better.
7. It is my responsibility to promptly submit any documents requested by the EOPS office/staff and to report any changes to my SEP immediately.
8. It is my understanding that my counselor's role is solely to provide recommendations based upon the information available and/or provided by me at the time of our meeting. It then becomes my responsibility to act on those recommendations and complete any other necessary follow-up. Any change that I make to an educational plan becomes my responsibility.
9. I will attend tutoring sessions or access other student services as recommended by the EOPS counselors and staff.
10. Once I achieve 70 degree applicable units or complete six semesters I understand I will no longer be eligible for EOPS/CARE services.
11. If I fail to comply with program requirements, I will be terminated from the program and reinstatement must be negotiated with the program Director.
12. I give permission for the Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff to discuss my educational status (attendance, progress, test results, grades, etc.) with any agency that has a vested interest in my compliance with program recommendations and requirements. I authorize the exchange of information between Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff and other college student services programs, departments, and staff, as well as the Department of Social Services in order to verify my income, eligibility and need for childcare and/or support services to facilitate my participation in the WTW program.



**NEW STUDENT APPLICATION FOR
EOPS, CARE, and CAFYES/NextUp
2018-2019 ACADEMIC YEAR**

EOPS Santa Maria: (805) 922-6966 Ext. 3214

EOPS Lompoc: (805) 922-6966 Ext.5206

CARE/CAFYES(NextUp): (805) 922-6966 Ext. 3623

CalWORKs: (805) 922-6966 Ext.3869

Please submit this application along with all required documents in person to the EOPS/CARE/CAFYES & CalWORKs office located at Santa Maria Campus Student Services A 201/A 203 or Lompoc Campus Student Services Building 1-103.

Student Information

Name: _____ AHC Student ID#: **H** _____
 Address: _____ City: _____ Zip Code: _____
 Telephone: (____) _____ Cell Phone: (____) _____ Can we text to this cell #? Yes ___ No ___
 Email Address: _____ @my.hancockcollege.edu
 Female ___ Male ___ Date of Birth: _____ Birthplace: _____
If not born in California, when did your present stay in California begin? _____
Ethnic Background: Asian Native American Hispanic/Latino Filipino African-American
 Non-Hispanic/White Other _____ (specify)

Eligibility Information

Do you participate in any of the following programs? TANF/CalWORKs LAP I.E.P. (High School only)
 ESL Voc Rehab Veteran Services Other: _____ (Specify)

Educational History:

High School Graduation Status:

I am a High School Graduate - Year of graduation: _____ GPA: _____
 I have a GED or High School Proficiency - Year completed: _____
 I have not graduated from High School

College Status:

What are your planned number of units/credits for: **Summer** ___ **Fall** ___ **Winter** ___ **Spring** ___
 What is your major or field of study? _____ (example: CBOT, Business, Psychology)
 What are your educational goal(s) at Allan Hancock College?
 Transfer to a four-year university Associate degree Certificate Undecided
 Choice of transfer institutions: 1) _____ 2) _____

Have you attended any other Colleges or Universities?

No, I have not attended any other colleges
 Yes, I have attended other colleges (please attach transcripts and complete the information below)
 Name of College/University 1) _____
 2) _____

Have you applied for the following: FAFSA CA Dream Act Have not Applied for FAFSA or CA Dream Act

What was your parents' highest level of education? (Please check one)

Not a High School Graduate ___ High School ___ AA/AS ___ BA/BS ___ MA/MS ___

Are your parents native English speakers? Yes No

Which campus will you be attending? Please circle: Santa Maria OR Lompoc

Student Status**Yes No**

- a. Were you born before January 1, 1995? _____
- b. Will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, or Ph.D., etc.) during the school year 2018-2019? _____
- c. As of today, are you married or in a Registered Domestic Partnership? (Answer "Yes" if you are separated but not divorced or have filed a termination notice to dissolve partnership.) _____
- d. Do you have children who receive more than half of their support from you? _____
If yes, indicate the **number** of children: _____
- e. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019? _____
- f. At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? _____
- g. Are you a veteran of the U.S. Armed Forces? _____

*If you answered **NO** to all questions, please check the **Dependent** box below.

If you answered **YES to **ANY ONE** of the questions, please check the **Independent** box below.

* _____ Dependent: Indicate the total number of persons in your household. Include yourself, family members, or persons dependent upon your parents for their support.
Total Household Number _____

** _____ Independent: Indicate the total number of persons in your household for whom you provided over half of their support last year. Include yourself, spouse, family members, or persons dependent upon you or your spouse.
Total Household Number _____

Total household monthly income: _____

Source of Income:

____ Employment ____ Public assistance ____ SSD/SSI ____ Other: _____ (Specify)

Are you receiving any of the following services?

- Food Stamps / CalFresh Medi-CAL

Foster Youth and CAFYES (Next Up) Eligibility

Are you a current or former foster youth? Yes No (if "No" skip this section)

If your response is "Yes," are you under 26 years of age? Yes No; Age: _____

Was your dependency status established or continued by the Court on or after your 16th Birthday? Yes No

Are you receiving AB12 (extended foster care) benefits? Yes No

CARE Eligibility

Are you or your child(ren) a recipient of cash aid benefits (AFDC/TANF/CalWORKs)? Yes No (if "No" skip this section)

If yes, are you a single parent? Yes No

If yes, are you at least 18 years of age? Yes No

If yes, do you have a dependent child under the age of 18? Yes No

What is your youngest child's Date of Birth: _____ Child's Age: _____

What is your marital status: Single Separated Divorced Widowed Married

Documents that must be submitted with Application

- **Class Schedule with proof of CCP (formerly BOG)** (copies can be obtained from your MyHancock portal)
- **If attended other college(s), submit copy of your official transcript(s) from other college(s) to A & R**
- **If a former or current foster youth, submit a copy of foster care verification from any of the following foster care entities: Ombudsman Office, ILP, Social Worker or Placement Probation Officer.**
- **If applicable, submit your current proof of cash aid.**

Student Signature Required-Release of Information

I certify that the information that I have provided on this application is, to the best of my knowledge, complete and accurate. Furthermore, I understand that by applying for the EOPS, CARE, or CAFYES program, I authorize the EOPS program staff to obtain records or data pertinent to my participation from other campus departments and programs and to release information to the Department of Education 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.

(Student Signature)

(Date)

Student Signature Required-Publicity Release Form

I hereby grant my consent to Allan Hancock College to use my name and my likeness, whether in still or moving pictures, my photograph and/or other reproduction, including my voice and features, with or without my name for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement advertising. Allan Hancock College may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I hereby waive any right to approve the finished photograph, audio recording or video, or any copy that might be used in conjunction with the finished product. I understand I will receive no compensation for photographs, audio recordings or videos used and/or reused.

I have chosen **NOT** to grant permission for my name and my likeness, whether in still or moving pictures, to be used for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement. It is my responsibility to notify the photographer at the event that I do not want my picture/video taken. If I do not notify the photographer/videographer it may be used.

(Student Signature)

(Date)

Staff Use Only

EOPS Status: New Returning EOPS Transfer LAP Waiver

of UNITS enrolled in: **Sum** _____ **Fall** _____ **Winter** _____ **Spring** _____

CCP: A B C (with 0 EFC)

Eligible for EOPS

1. ___ Qualified for remedial
2. ___ Not a HS grad or no GED
3. ___ HS GPA below 2.5
4. ___ Took remedial courses
5. ___ Other
 - First Generation College Student
 - Underrepresented group
 - Parents are Non Native English Speakers

Not Eligible for EOPS

1. ___ Did not meet criteria
2. ___ Over 70 Units
3. ___ Not Enrolled in Min Units
4. ___ Incomplete application
5. ___ Not a CA resident
6. ___ Over Income
7. ___ Not Educational Disadvantaged

Other Eligibility: CARE CAFYES

Accepted into EOPS:

- Full Time Status
- CARE/10%
- CAFYES 9+
- LAP verification
- CAFYES with LAP verification

Director or Designee's Signature/Date

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Academic Year 2018-2019**

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By signing below, I acknowledge that I have read and agree to uphold the responsibilities of an EOPS recipient as stated above. I further understand that by signing, I give permission for the Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff to discuss my educational status (attendance, progress, test results, grades, etc.) with any agency that has a vested interest in my compliance with program recommendations and requirements. I hereby authorize the exchange of information between Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff and other college student services programs, departments, and staff, as well as the Department of Social Services in order to verify my income, eligibility and need for childcare and/or support services to facilitate my participation in the WTW program.

X _____ H _____ X _____
Student Signature Student ID # Date

For Office Use Only	
_____	_____
Reviewed: Director or Designee	Date