



NEW EOPS/CARE/NextUp STUDENT APPLICATION 2019-2020 ACADEMIC YEAR

The mission of the EOPS, CARE, NextUp, & CalWORKs programs is to minimize barriers and to assist educationally and economically disadvantaged eligible students in achieving their educational and career goals by providing access to “over and above” support services and college resources.

Things to do:

- Complete the attached Allan Hancock College (AHC) EOPS application.
- Sign the attached Mutual Responsibility Contract (MRC).
- Submit current class schedule.
- Submit financial aid award overview printout showing Pell Grant award or cancelled status.
- Submit transcripts from ALL other colleges and/or universities attended to the Admissions and Records (A&R) office. *EOPS cannot complete your application process until these are received and reviewed by A&R.*
- Submit current proof of CalWORKs/TANF cash aid (for CARE program only).
- Submit letter of guardianship (for NextUp/CAFYES program only).

Reminders:

Complete the California College Promise Grant (CCPG) application, formerly Board of Governors' Fee Waiver (BOG-FW), if you haven't done so already:

If you are eligible, this will waive your enrollment fees. Fill out and submit the CCPG application online at http://www.hancockcollege.edu/financial_aid.

Fill out the Free Application for Federal Student Aid (FAFSA) or the California 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.

Thank you for your application to Extended Opportunity Programs and Services (EOPS), Cooperative Agencies Resources for Education (CARE), and/or Cooperating Agencies Foster Youth Educational Support (CAFYES/NextUp).

If you have any questions feel free to call one of the following locations:

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

EOPS Lompoc: (805) 735-3366 Ext. 5206

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

CalWORKs Office: (805) 922-6966 Ext. 3869

**Extended Opportunity Programs & Services
(EOPS) Mutual Responsibility Contract
Academic Year 2019-2020**

I understand that the EOPS office will provide support services (counseling & advisement, tutoring, orientation, registration assistance for priority enrollment, and assistance with university transfer) necessary to assist me in achieving my educational 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:

- 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.
- As an EOPS student, I am required to complete a financial aid application (FAFSA/CA Dream Act) **every academic year**.
- I must attend the mandatory EOPS orientation during my **first semester** in the program.
- I will meet with all EOPS staff as required (**two EOPS academic counselor visits and a third visit with a counselor, specialist, or peer advisor each semester as required by Title 5**). Failure to meet with my EOPS counselor and/or other EOPS staff for all scheduled appointments will result in the interruption and/or termination of my funding and/or services.
- I understand that two missed appointments in one semester may result in the suspension of services and funding, which will require a meeting with the EOPS director/coordinator.
- I must notify the EOPS office of any changes to my address and/or telephone number. I must also make these changes in the myHancock portal.
- I must maintain satisfactory academic 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.
- It is my responsibility to promptly submit any documents requested by the EOPS office and to report any changes to my class schedule, number of units enrolled, and student education plan (SEP).
- 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 my educational plan becomes my responsibility.
- I will attend tutoring sessions or access other student services as recommended by the EOPS counselors and staff.
- Once I achieve 70 degree applicable units or complete six consecutive semesters I understand that I will no longer be eligible for EOPS/CARE services.
- If I fail to comply with program requirements I will be terminated from the program and reinstatement must be negotiated with the program director.

I acknowledge that I have read and agree to uphold the responsibilities of an EOPS recipient as stated above. I give permission for the Allan Hancock College EOPS/CARE/NextUp & 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/NextUp & CalWORKs staff and other college student services programs, departments, and staff, as well as the Department of Social Services.



**NEW STUDENT APPLICATION FOR
EOPS, CARE, and NextUp
2019-2020 Academic Year**

Please submit this application along with all required documents in person to the EOPS/CARE/NextUp & CalWORKs office located in the Santa Maria Campus Building A201/A203 or Lompoc Campus Student Services Building 1-103.

Student Name: _____ AHC Student ID: H_____

Address: _____

City: _____ Zip Code: _____ Telephone: (_____)_____

Email Address: _____ Date of Birth: _____ Birthplace: _____

Gender: _____ Ethnic Background: _____

Do you participate in any of the following programs?

- I.E.P. (High School only)
- Learning Assistance Program (LAP)
- TANF/CalWORKs
- Other : _____ (Specify)

High School Graduation Status:

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

College Status:

What was your parents' highest level of education?

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

Are your parents native English speakers? Yes No

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? Undecided Certificate Associate degree

Transfer to a four-year university. 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(s) of colleges/universities previously attended: _____

CARE Eligibility:

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

Are you a single parent? Yes No Total Number of Children: _____

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

Foster Youth - Next Up Eligibility:

Are you a current or former foster youth? Yes No, If "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

Student Name: _____

AHC Student ID#: **H** _____

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, NextUp, or CalWORKs 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.

X _____
Student Signature

X _____
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.

X _____
Student Signature

X _____
Date

Mutual Responsibility Contract Academic Year 2019-2020

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X _____
Student Signature

H _____
Student ID #

X _____
Date

X _____
Reviewed with Director or Designee

X _____
Date