

West Valley College
EXTENDED OPPORTUNITY PROGRAMS & SERVICES (EOP&S)

PLEASE PRINT

Today's Date _____

1. Name _____ **SSN** _____
Last First Middle

2. Address _____ **City** _____ **ZIP** _____
Street Apt.#

3. Phone _____ **Birth Date** _____ **Age** _____ **Gender** Male Female
Home Other

4. Marital Status Single Married Separated Divorced Single Parent

5. Number of Children You Support _____ **Ages** _____ **Date of Birth of Youngest Child** _____

6. Ethnic Background: Chinese Japanese Korean Vietnamese Other Asian
 African-American Hispanic Mexican Other Hispanic Native American
 White, Non-Hispanic Filipino Other, please specify _____

7. Educational Background:

Did you graduate from high school? Yes No If yes, Date of graduation _____
Name of high school (include city, state and/or country) _____

If no, did you receive: Proficiency Exam GED

Did you receive any high school *Advanced Placement (AP) credits? Yes No

*Please submit AP scores if you plan to earn college credit

8. List other colleges/universities* you have attended _____

*Please include all schools, even if no units were earned OR

Any foreign universities attended.

9. Were you in EOPS at another school? No Yes If yes, which? _____ When? _____

10. Parent's Native Language English Other _____
Please Specify

11. Sources of Income: General Assistance TANF (AFDC) Unemployment SSI/SSP
 Work Family Financial Aid

12. Are you participating in **DESP** ___ **CALWORKS** ___ **ET** ___ **SUCCESS** ___ **Puente** ___ **NONE** ___

The above information is true and accurate to the best of my knowledge. I understand I may be determined ineligible for EOPS/CARE if I do not complete the BOGW, FAFSA and submit official transcripts/AP scores in a timely manner.

Student's Signature _____ e-mail address _____