

# SANTIAGO CANYON COLLEGE

# E

Extended

# O

Opportunity

# P

Programs

&

# S

Services

## WHAT IS EOP&S?

EOP&S is a state funded program which provides special support services to students who have educational and financial challenges. The ultimate goal of the program is to provide the opportunity and support necessary for each student to undertake and complete an education at Santiago Canyon College.

## SERVICES PROVIDED BY EOP&S

- Outreach and Recruitment
- Orientation to College
  - Registration assistance
  - Scheduling of classes
  - College Information
- Counseling:
  - Assessment, academic, career and personal
- Community Resources
- Book Services
- Priority Registration
- Assistance with FAFSA
- Transfer Assistance
- Referral to other College Services
- CARE-Services for single parents

## TO BE ELIGIBLE:

- Be a California Resident  
(Determined by SCC Admission's & Records Office)
- Enrolled as a full time student (12 units or more)
- Have earned less than 30 degree applicable units
- Eligible for the BOGW (Board of Governor's Waiver A & B)
- Be educationally disadvantaged as defined by Title V

## Attention all High School Students:

1. EOP&S applications accepted during Early Decision Process will be considered for fall 2012 eligibility.
2. Eligible students will be invited to the Summer Success Program
3. Students Attending The Summer Success Program will have priority for EOP&S acceptance Fall 2012. services.

## For more information, visit us at:

8045 E. Chapman Ave., E-108  
Orange, CA 92869 or call us at (714)628-4915

### Santiago Canyon College Mission Statement:

Santiago Canyon College is an innovative learning community dedicated to intellectual and personal growth. Our purpose is to foster student success and to help students achieve these core outcomes: to learn, act, communicate and think critically. We are committed to maintaining standards of excellence and providing an accessible, a transferable, and an engaging education to a diverse community.

**Santiago Canyon College**  
**E O P & S APPLICATION**  
(Return to EOP&S Office)

Applications are accepted on space availability.  
**APPLICATIONS MUST BE SUMMITTED IN PERSON.**

**ELIGIBILITY CRITERIA**

1. Be a California Resident (Determined by SCC Admission's & Records office)
2. Be a **FULL**- time student (12+ units)
3. Have earned less than 30 degree applicable units
4. Qualify for the California Board of Governor Waiver (**Method A & B**)
5. Be educationally disadvantaged as defined by Title V

**YOU MUST CHECK THOSE THAT APPLY**

- A. \_\_\_ According to my SCC placement test score, I was placed in:  
**Indicate your placement by circling both ACE/English and math.**  
 Math N05/N06, Math N48, Math 060, Math 081  
 English N50, English 060, English 061  
 ACE N42/N43, ACE 052/053, ACE 102./093, ACE 116
- B. \_\_\_ I **did not** earn a high school diploma, GED or High School Proficiency Certificate
- C. \_\_\_ My GPA in high school was **below 2.5** (must provide transcript)
- D. \_\_\_ I was previously enrolled in basic skills courses (high school or college)
- E. \_\_\_ I am a first generation college student (parent(s) did not earn a college degree)
- \_\_\_ My parents are not native English speakers
- \_\_\_ I am an emancipated Foster Youth

**PERSONAL DATA**

1. \_\_\_\_\_  
 Last Name (Print)                      First Name                      Middle Name
2. SCC/Student I.D.: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Gender: Female      Male
4. Date of Birth: \_\_\_/\_\_\_/\_\_\_      Email: \_\_\_\_\_  
Month Day Year                      Print Neatly
5. \_\_\_\_\_  
 Home Address                      City                      Zip Code
6. Home phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
7. Do you live with parents? Yes No
8. Are you? Single    Single Parent (If so, go to question #9) Married Divorced Separated  
Widowed

## ARE YOU A SINGLE PARENT?

9. Do you have any children? If so, please answer the following questions.

Are you head of household? \_\_\_yes \_\_\_no

Do you receive TANF/Cash aid benefits? \_\_\_yes \_\_\_no

Are you a CalWORKs recipient? \_\_\_yes \_\_\_no

List your children(s) age                                              
1<sup>st</sup> child 2<sup>nd</sup> child 3<sup>rd</sup> child 4<sup>th</sup> child

## ETHNIC BACKGROUND

10.

- |   |                      |                          |
|---|----------------------|--------------------------|
| (11) American Indian or Alaskan Native  | (17) Asian, Chinese  | (23) Other Asian         |
| (12) Black, Non-Hispanic                | (18) Asian, Japanese | (24) Pacific Islander    |
| (13) Mexican, Mexican-American, Chicano | (19) Asian, Korean   | (25) White, Non-Hispanic |
| (14) Hispanic, Central American         | (20) Laotian         | (26) Filipino            |
| (15) Hispanic, South American           | (21) Cambodian       | (27) Other _____         |
| (16) Other Hispanic                     | (22) Vietnamese      | (28) Decline to state    |

Enter # Here

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## EDUCATIONAL INFORMATION

### 11. EDUCATIONAL GOAL

- Transfer without AA/AS degree  
 Transfer with AA/AS degree  
 Graduate with AA/AS degree  
 Certificate/License  
 Undecided  
 Other \_\_\_\_\_

### 12. COLLEGE ENROLLMENT

- First time student  
 Continuing student  
 Transferred from another  
College (Must provide transcripts)

13. EOPS Enrollment Status:  New  Former

Transfer from another college: \_\_\_\_\_ (Name the college)

14. I will take most classes at  Santiago Canyon College  Santa Ana College

I CERTIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DO NOT WRITE BELOW/OFFICE USE ONLY

\_\_\_\_\_ BOGFW: A/B/C EDIS: A/B/C/D/E College Credit Units \_\_\_\_\_  
SEM/CUM

# SCC CARE Application

EOP&S Status    NEW                   CONTINUING                   TRANSFER

CURRENT UNITS \_\_\_\_\_  
CUMMULATIVE UNITS/COLLEGE CREDIT \_\_\_\_/\_\_\_\_

**EDUCATIONAL GOAL:**

MAJOR: \_\_\_\_\_  CERTIFICATE PROGRAM  
 AA/AS DEGREE  
 TRANSFER

DATE YOU STARTED RECEIVING TANF/CALWORKS: \_\_\_\_/\_\_\_\_/\_\_\_\_

CASE NUMBER \_\_\_\_\_

Case Worker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

Employment while attending college:                   Part-time     Full-time     None

Child's name (first and last)	sex	birth date	age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child care expense:    weekly:\$ \_\_\_\_\_                  or                  monthly: \$ \_\_\_\_\_

Who may we contact in case of emergency?                  Cash Aid Verification Required \_\_\_\_\_  
(Staff Initials)

Name: \_\_\_\_\_                  Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**IMPORTANT: You must notify the CARE office if your childcare becomes subsidized or when you are Brought into the CalWORKs contract.**

Student's Signature: \_\_\_\_\_                  Date: \_\_\_\_\_

**DO NOT WRITE BELOW/OFFICE USE ONLY**

\_\_\_\_\_ BOGFW: \_\_\_\_\_                  EDIS: A/B/C/D/E                  College Credit Units \_\_\_\_\_  
SEM/CUM  
Cash Aid Verification \_\_\_\_\_