

COMMON APPLICATION

College of Alameda - EOPS, CARE, CalWORKs, and Next UP

Office Phone Number: (510) 748-2258

Please submit this application along with all required documents, at COAEOPS@peralta.edu. The EOPS/CARE/CalWORKs and NextUp Office is located in Building A/EOPS. We will not accept any submissions via fax, email or postal mail. **Applicants will be notified by our office ONLY if they've been selected for one of the programs.**

Section 1: Student Information

Name: _____
Last First MI

In your own words, what is your gender identity? _____ Pronoun: _____

Student ID #: _____ Mobile: (____) _____ Accept Mobile Text? ☐ Yes ☐ No

Ethnic Background (Select All Apply): ☐ Asian/Asian American ☐ Black/African American ☐ Pacific Islander American
☐ Hispanic/Latino/Chicano ☐ Native American/First Nations ☐ Pilipino/Filipino American ☐ White/European
☐ HAPA

Section 2: Eligibility Information

Application Status: 1st time applying to ☐ EOPS ☐ CARE ☐ NextUp ☐ CalWORKs | **Returning** ☐ EOPS ☐ CARE ☐ NextUp ☐ CalWORKs | **Transfer** ☐ EOPS ☐ NextUP

Did you submit the Free Application for Federal Student Aid (FASFA) this academic year for College of Alameda? ☐ Yes ☐ No

Is your goal to earn an Associate Degree at College of Alameda? ☐ Yes ☐ No

Do you plan on transferring to a 4-year college/university? ☐ Yes ☐ No

Has your birth or adoptive parent earned a 4-year degree? ☐ Yes ☐ No

Calendar Year: _____ **Semester Applying for:** ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester

Units enrolled for semester indicated above: ☐ 12+ ☐ 9-11.5 ☐ 0-8.5 (must attach SAS (DSPS) waiver for EOPS/CARE)

Citizenship Status: ☐ U.S. Citizen ☐ Permanent Resident ☐ AB 540 (Dream) ☐ Other, please specify: _____

I am currently a participant or have applied for the following service/program(s): ☐ SAS ☐ DREAMER ☐ College Promise
☐ Puente ☐ Umoja ☐ Veteran Services ☐ ACCESSO ☐ Basic Need ☐ Adult Education

EDUCATIONAL HISTORY (Check only those that apply to you)

High School Graduation Status:

- ☐ I am a high school graduate – year of graduation: _____ High School GPA: _____
☐ I have a GED or Equivalency/California Proficiency – year completed: _____
☐ I have not graduated from high school

College Status:

Have you attended any other College or Universities?

- ☐ No, I have not attended any other colleges
☐ Yes, I have attended other colleges (please submit transcripts and complete the information below)

Name of College/University

1. _____ 2. _____

Section 3: Foster Youth and Next Up Eligibility

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

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If your response is "Yes" are you under 26 years of age? ☐ Yes ☐ No; Date of Birth: ____/____/____ Age: ____

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

Are you receiving AB12 benefits? ☐ Yes ☐ No Are you receiving THP OR THP+? ☐ Yes ☐ No

Section 4: CARE and CalWORKs Eligibility

Are you currently receiving cash aid benefits (AFDC/TANF/CalWORKs)? ☐ Yes ☐ No

Do you have dependent child(ren) who receive cash aid benefits (AFDC/TANF/CalWORKs)? ☐ Yes ☐ No

Are you a single parent and head of household? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Please list your County Contact Person _____ Phone #: (_____) _____

Please list all members of your family who receive cash aid and their date of birth:

Name	Date of Birth	Name	Date of Birth
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

What is your marital status: ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Married

Section 5: Documents Must Be Submitted with Application.

☐ **Class Schedule with proof of California College Promise Grant (CCPG) eligibility** (*copies can be obtained from your myPeralta account*)

☐ **If attended other college(s), submit copy of unofficial transcript(s) from other college(s)**

☐ **If CalWORKs, submit CURRENT proof of receipt of CalWORKs from your county case worker**

☐ **If a former or current Foster Youth, submit copy of foster care verification from any of the following foster care entities:**

Ombudsman Office, ILP, Social Worker or Placement Probation Officer. Foster care verification document must be on an official county/agency letter head.

Section 6: Signature Required

STUDENT PUBLICITY RELEASE

I understand that if I am accepted into the EOPS, CalWORKs, CARE, or NextUP program, the staff may include my name and/or picture in publications and on the College of Alameda website. The website highlights student accomplishments and participation in campus and in the 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 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, CalWORKs, CARE, or NextUp program, I authorize the program staff to obtain records or data pertinent to my participation from other campus departments and programs and to release information to the U.S. 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.

Submission of an incomplete application and/or falsification will result in your application being denied or withdrawn.

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Student Signature

Date

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Staff Use Only

EOPS Status:

- ☐ New ☐ Returning ☐ EOPS Transfer
of UNITS student is enrolled in: _____
☐ Free Application for Federal Student Aid
☐ SAS (DSPS) Waiver Received
CCPG: ☐ A ☐ B ☐ C (with 0 EFC) ☐ D
☐ Eligible for EOPS
1. Qualified for remedial
2. Not HS grad or no GED
3. HS GPA below 2.5
4. Took remedial courses
5. Other: _____
☐ Not Eligible for EOPS
1. Did not meet criteria:
☐ CCPG ☐ No educ disadv.
2. Over 30 units / AA-AS degree
3. Not enrolled in min. units
4. Low GPA
5. Incomplete application
Other Eligibility:
☐ CARE ☐ NextUp/CAFYES

Notes: _____

CARE Status:

- ☐ New ☐ Returning ☐ CARE Transfer
☐ SAS (DSPS) Waiver
CCPG: ☐ A ☐ B ☐ C (with 0 EFC)
☐ Taxable Income
☐ First Gen ☐ Low Income ☐ Disabled
☐ Eligible for CARE
1. Meets min. eligibility criteria
☐ Not Eligible for TRIO
1. Does not meet min eligibility
2. Low GPA
3. Not enrolled in min. units
4. No college, HS GPA under 3.0
5. Test scores too low
6. ESL placement less than 540
7. Goal not in line w/ program

Notes: _____

CalWORKs Status:

- ☐ New ☐ Returning
☐ Eligible for CalWORKs
1. Meets min. eligibility criteria
☐ Not Eligible for CalWORKs
1. Not receiving cash aid for self
2. No current county verification

Notes: _____

NextUp Status:

- ☐ New ☐ Returning ☐ DOB _____
☐ SAS (DSPS) Waiver
☐ Free Application for Federal Student Aid
☐ Eligible for GSP
1. In care prior to 16 years old
2. In care after 16 years old
County _____
☐ Not Eligible for GSP
1. Never in Foster Care placement
2. Legal Guardian
3. Probation Youth Only

Notes: _____

ACCEPTED INTO Next Up:

☐ YES ☐ NO

Coordinator's Signature / Date

ACCEPTED INTO CalWORKs:

☐ YES ☐ NO ☐ PENDING

Coordinator's Signature / Date

ACCEPTED INTO CARE:

☐ YES

Director's Signature / Date

ACCEPTED INTO EOPS:

☐ Full-time Status ☐ 10% Status
☐ NextUp 9+ ☐ SAS Reduction
☐ NextUp w/SAS Reduction

Coordinator's Signature / Date