



**Merced College**  
**Extended Opportunity Programs & Services**  
**Application for Admission**

**I. Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ College ID: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_ Gender:  Male  Female \_\_\_\_\_ Other  
 Home Phone: \_\_\_\_\_ Cell/Message Phone: \_\_\_\_\_  
 College Email: \_\_\_\_\_

**Ethnicity Background:** (✓ one or more):

- Asian                       African American       Native Hawaiian or Other Pacific Islander  
 American Indian       Hispanic                       White       Other Specify: \_\_\_\_\_

**II. Student History/Educational Information**

- A. Are you a California Resident? Yes  No  **If not California Resident, specify:** \_\_\_\_\_  
 B. Have you been an EOPS participant at Merced College before? Yes  No   
 If **yes**, list semester/year \_\_\_\_\_  
 C. What is your area of study:  AA Vocational  AA/AS Transfer  AA/AS Certificate  Not sure  
 D. Other college(s) attended (Official transcripts must be submitted to Admissions & Records): \_\_\_\_\_  
 E. Major (**Required**): \_\_\_\_\_

**III. CARE (#1&2)/NextUp (#3) Eligibility**

1. Are you or your children receiving Cash Aid from TANF or CalWorks? Yes  No   
 2. Are you a single parent and head of household? Yes  No   
 3. Were you a ward of the court (Foster Care) on/or after your 16<sup>th</sup> birthday and are you 25 or under? Yes  No

*If interested in CARE or NextUp Services, ask for more information.*

**IV. Truth and Accuracy**

*The foregoing information is true and accurate to the best of my knowledge. I understand that if I give false information, I shall be dismissed from the EOPS Program.*

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

Save your completed application and email it as an attachment to [eopsfrontdesk@mccd.edu](mailto:eopsfrontdesk@mccd.edu) through your MC student email.

**V. Economic and Educational Disadvantaged**

BOGW:  A  B  B2  C/EFC=0

Educational Disadvantaged:  A  B  C  D  E

A. English or Math not equivalent to transfer? <input type="checkbox"/> Placement Questionnaire	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Other Factors:</b> <i>Student must meet at least one criteria below for Director's approval</i>	
B. Not High School Graduated or Received GED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. 1 <sup>st</sup> Generation College Student?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. High School Cumulative GPA below 2.5?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent(s)/legal guardian(s) have not completed a bachelor's degree.	
D. Prior Remedial English or Math?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Primary language is Non-English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Other Factors (1-3): Director's Approval _____			3. Underrepresented target group?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Staff Initial: \_\_\_\_\_

Date: \_\_\_\_\_