



**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. List other college(s) attended: _____
 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 16th 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 epsfrontdesk@mccd.edu through your student email account.

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"/>	Other Factors: <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 st 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: _____