



EOPS NEW STUDENT APPLICATION 2017-2018 ACADEMIC YEAR

Thank you for your application to Extended Opportunity Programs and Services (EOPS). In order to determine your eligibility for EOPS, **all the steps in the following checklist must be completed and turned in to the EOPS office.** If you have any questions, please call us at 922-6966 ext. 3214 in Santa Maria, 735-3366 ext. 5206 in Lompoc.

- Complete the attached Allan Hancock College EOPS application.**
- Submit transcripts from ALL other colleges or universities attended to the Admissions and Records office.**
EOPS cannot complete your application process until these are received.
- Provide Income Verification using one of the following:**
 - **2017-2018 Financial Aid Award Overview Printout**
To obtain a printout, log on to your myHancock portal and check under the Financial Aid Tab. Once you have clicked the Financial Aid Award link, print out the award overview and submit to the EOPS Office. Even if your Financial Aid has been cancelled, you may still be eligible for EOPS, so be sure to submit the Financial Aid cancellation printout to EOPS.
 - OR
 - **Current CalWORKs Cash Aid verification (12 month printout)**
 - OR
 - **Current SSI verification**

Reminders:

Complete the Board of Governor's Fee Waiver (BOG) application if you haven't done so already:

If you are eligible, this will waive your enrollment and student center fees. Forms may be picked up from the AHC Financial Aid office, or on the college website (<http://www.hancockcollege.edu/>). Once you have completed the BOG, turn it in at the AHC Financial Aid office.

Fill out Free Application for Federal Student Aid (FAFSA) or Dream Act Application:

All EOPS applicants must complete and submit a financial aid application for FREE money to help pay for college expenses. These applications are available online at www.fafsa.ed.gov and www.caldreamact.org. After you have submitted the application, be sure to check your myHancock portal for any additional requests from the AHC Financial Aid office.

Before you make an appointment to meet with an EOPS counselor you need to take the AHC START Placement Test:

Call the Testing Center for times and dates at (805) 922-6966 in Santa Maria or (805) 735-3366 in Lompoc (this is a recorded message); dial extension 3090 or, to speak to someone in Testing, extension 3364.

Complete Publicity Release Form: EOPS/CARE/CAFYES holds many events throughout the year with the possibility of your picture being taken. You may also be asked to participate in a student success video to discuss your experience here at Allan Hancock College.

**Extended Opportunity Programs & Services (EOPS)
Mutual Responsibility Contract
Academic Year 2017-2018**

I understand that the EOPS office will provide support services (financial, academic, tutorial, counseling, orientation, priority registration, and assistance with transfer) necessary to assist me in achieving my academic goals at Allan Hancock College. I understand that if I am accepted into the EOPS Program, it is my responsibility to comply with the following program rules:

1. As a new incoming EOPS student, I am required to enroll in at least twelve (12) units of approved classes per semester as outlined on my Student Education Plan (SEP) by an EOPS counselor. I will only be funded for those courses outlined on my SEP. If I drop below twelve units and fail to inform the EOPS office, I can be terminated and/or required to repay all previous awards for that academic term.
2. I will meet with all EOPS staff as required (**two EOPS academic counselor visits and a third visit with a specialist or peer advisor each semester as required by Title 5**). Failure to meet with my counselor or other EOPS staff for all scheduled appointments will result in the interruption and/or termination of my funding and/or services. Two missed appointments in one semester will require meeting with the EOPS director for continued funding or services.
3. As an EOPS student, I must attend one EOPS orientation during **my first semester** in the program.
4. As an EOPS student, I must attend one campus activity **every** semester (workshop, fieldtrip, PCPA event).
5. I must notify the EOPS office of any changes in my class schedule, number of units, address and/or phone number. I must also make these changes in myHancock portal.
6. I must maintain satisfactory progress each semester in the units for which I enroll, and complete those units for which I am funded and/or receiving services, with a C average (2.0 GPA) or better.
7. It is my responsibility to promptly submit any documents requested by the EOPS office/staff and to report any changes to my SEP immediately.
8. It is my understanding that my counselor's role is solely to provide recommendations based upon the information available and/or provided by me at the time of our meeting. It then becomes my responsibility to act on those recommendations and complete any other necessary follow-up. Any change that I make to an educational plan becomes my responsibility.
9. I will attend tutoring sessions or access other student services as recommended by the EOPS counselors and staff.
10. Once I achieve 70 degree applicable units I understand I will no longer be eligible for EOPS/CARE services.
11. If I fail to comply with program requirements, I will be terminated from the program and reinstatement must be negotiated with the program Director.
12. I give permission for the Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff to discuss my educational status (attendance, progress, test results, grades, etc.) with any agency that has a vested interest in my compliance with program recommendations and requirements. I authorize the exchange of information between Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff and other college student services programs, departments, and staff, as well as the Department of Social Services in order to verify my income, eligibility and need for childcare and/or support services to facilitate my participation in the WTW program.

EXTENDED OPPORTUNITY PROGRAMS & SERVICES
NEW STUDENT APPLICATION
ACADEMIC YEAR 2017 – 2018

Box 1

Name: _____ AHC Student ID#: **H** _____

Address: _____ Social Security Number Last Five Digits: _____

City: _____ Zip Code: _____ Telephone: (_____) _____

Email Address: _____@my.hancockcollege.edu Cell Phone: (____) _____

Would you like to receive appointment reminders via text message? Yes _____ No _____

Female ___ Male ___ Date of Birth: _____ Birthplace: _____

If not born in California, when did your present stay in California begin? _____

Box 2

Student Status	Yes	No
a. Were you born before January 1, 1994?	___	___
b. Will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, or Ph.D., etc.) during the school year 2017-2018?	___	___
c. As of today, are you married or in a Registered Domestic Partnership? (Answer "Yes" if you are separated but not divorced or have filed a termination notice to dissolve partnership.)	___	___
d. Do you have children who receive more than half of their support from you? If yes, indicate the <i>number</i> of children: _____	___	___
e. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2018?	___	___
f. At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?	___	___
g. Are you a veteran of the U.S. Armed Forces?	___	___

*If you answered **NO** to all questions, please check the **Dependent** box below.

If you answered **YES to **ANY ONE** of the questions, please check the **Independent** box below.

* ___ Dependent: Indicate the total number of persons in your household. Include yourself, family members, or persons dependent upon your parents for their support. **Total Household Number** _____

** ___ Independent: Indicate the total number of persons in your household for whom you provided over half of their support last year. Include yourself, spouse, family members, or persons dependent upon you or your spouse. **Total Household Number** _____

Box 3

Are you (the student) a single parent? Yes _____ No _____

Do you participate in any of the following programs?

_____ TANF/CalWORKs _____ LAP

_____ I.E.P. (High School only) _____ Voc Rehab

_____ Other: _____(Specify)

Are you receiving any of the following services?

_____ Food Stamps / CalFresh

_____ Medi-CAL

Box 4

Total household monthly income: _____

Source of Income:

_____ Employment _____ Public assistance

_____ SSD/SSI

_____ Other: _____ (Specify)

Box 5

Ethnic Background: Asian Native American Hispanic/Latino
 Filipino African-American Caucasian
 Other _____ (specify)

Please check one of the following:

High School Graduate High School Proficiency
 GED (General Education Development Certificate) Not a High School graduate

What was your high school grade point average (GPA)? _____

_____ *Name of School* _____ *Location* _____ *Year last attended*

What was your parents' highest level of education? (Please check one)

Not a High School Graduate High School AA/AS BA/BS MA/MS

Are your parents native English speakers? (Please check one) Yes No

Box 6

Have you attended any colleges other than Allan Hancock College? Yes No

How many units have you completed at other colleges? _____

Name of colleges: _____, _____, _____

Your application will not be processed until Allan Hancock College receives a copy of all external transcripts.

Box 7

What is your major or field of study? _____ (example: CBOT, Business, Psychology)

What are your planned number of units/credits for Summer Fall Spring

What are your educational goal(s) at Allan Hancock College?

Transfer to a four-year university Associate degree Certificate Undecided

Choice of transfer institutions: 1) _____ 2) _____

Please list any license, degree, or certificates you have already earned: _____

Box 8

Enrollment Status: New EOPS Student Currently enrolled at AHC? Yes No

Transfer student from: _____

Student previously served by EOPS When? _____ Where? _____

Which campus will you be attending? Santa Maria OR Lompoc

I understand that purposely providing false information can result in the loss of services through the EOPS/CARE/CAFYES program. I certify that the information I have provided is true and correct.

Student Signature

Date

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9. I will attend tutoring sessions or access other student services as recommended by the EOPS counselors and staff.
10. Once I achieve 70 degree applicable units I understand I will no longer be eligible for EOPS/CARE services.
11. If I fail to comply with program requirements I will be terminated from the program and reinstatement must be negotiated with the program director.

By signing below, I acknowledge that I have read and agree to uphold the responsibilities of an EOPS recipient as stated above. I further understand that by signing, I give permission for the Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff to discuss my educational status (attendance, progress, test results, grades, etc.) with any agency that has a vested interest in my compliance with program recommendations and requirements. I hereby authorize the exchange of information between Allan Hancock College EOPS/CARE/CAFYES & CalWORKs staff and other college student services programs, departments, and staff, as well as the Department of Social Services in order to verify my income, eligibility and need for childcare and/or support services to facilitate my participation in the WTW program.

X _____ X _____ H _____ X _____
 Student Signature Social Security # Last 5 digits Student ID # Date

For Office Use Only

 Reviewed: Director or designee

 Date



EOPS/CARE/CAFYES & CalWORKs

Publicity Release Form

- I hereby grant my consent to Allan Hancock College to use my name and my likeness, whether in still or moving pictures, my photograph and/or other reproduction, including my voice and features, with or without my name for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement advertising. Allan Hancock College may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I hereby waive any right to approve the finished photograph, audio recording or video, or any copy that might be used in conjunction with the finished product. I understand I will receive no compensation for photographs, audio recordings or videos used and/or reused.

Please print clearly

Name _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

Email _____ **AHC H#** _____

Signature _____ **Date** _____

- I have chosen **NOT** to grant permission for my name and my likeness, whether in still or moving pictures, to be used for any editorial, promotion, trade, business or other purpose whatsoever, including testimonial and endorsement. It is my responsibility to notify the photographer at the event that I do not want my picture/video taken. If I do not notify the photographer/videographer it may be used.

Please print clearly

Name _____

AHC H# _____

Signature _____ **Date** _____