



El Camino College
Compton Center



Welcome to the EOP&S/CARE Program

What is EOP&S?

Extended Opportunity Programs and Services (EOP&S) is a state-funded academic support program. It is designed to encourage educational success and to promote student retention, persistence, and success.

EOP&S Eligibility Requirements

- California Resident or qualify under the California Dream Act
- Enrollment in 12 ECC units*
- Tagged as a COM student (Compton Center Student-receiving Federal Financial Aid at the Compton Center)
- Completed less than 70 degree-applicable units
- Completed current FAFSA and qualify for a Board of Governor's Fee Waiver A, B, C with a zero EFC code; or SBGMB or SBGMC with a zero EFC code -See below for income standards
- Be educationally disadvantaged as determined by Title V

* = Only active and current Special Resource Center (SRC) Participants are exempt. Six (6) units is full-time for SRC Participants.

EOPS Program Services

- Individualized Counseling
- Priority Registration
- Textbook Grants
- Transportation Assistance
- Academic Achievement Grants

All services are subject to funding availability

What is CARE?

Cooperative Agencies Resources for Education (CARE) is a program for eligible EOP&S students that are single parents receiving cash aid (TANF/CalWORKs) with child(ren) 13 years of age or younger.

CARE Eligibility Requirements

- All EOP&S eligibility requirements
- Parent and/or child recipient of TANF/CalWORKs
- You are at least 18 years of age
- You are single
- You are head of household
- You must have at least one child 13 years old or younger

CARE Program Services

- All EOP&S services
- Direct Grants
- Meal Vouchers
- Transportation Assistance

All services are subject to funding availability

For more information contact:

EOP&S/CARE Office

Room U-6

(310) 900-1600, ext. 2912

www.compton.edu/studentservices/eops

BOG Waiver Income Standards

Family Size	Total 2013 Income
1	\$17,235
2	\$23,265
3	\$29,295
4	\$35,325
5	\$41,355
6	\$47,385
7	\$53,415
8	\$59,445

Each additional family member add \$6,030

OFFICE USE ONLY
Date received/Staff initials

ATTENTION APPLICANT:
THIS IS YOUR RECEIPT. SAVE FOR YOUR RECORDS. DO NOT LOSE. THIS IS PROOF OF SUBMITTING THIS EOP&S/CARE APPLICATION. YOU MUST BRING THIS RECEIPT AND YOUR ECC COMPTON CENTER SCHOOL ID WHEN YOU COME INTO THE EOP&S/CARE OFFICE AND CHECK FOR THE STATUS OF YOUR APPLICATION. WITHOUT THIS RECEIPT AND WITHOUT YOUR SCHOOL ID, WE CANNOT ASSIST YOU IN A TIMELY MANNER.

Student ID# _____ Last name _____ First Name _____

Applying for [] Fall 20 _____ [] Spring 20 _____

COMPTON CENTER EOP&S/CARE PROGRAM APPLICATION CHECKLIST

All applicants **MUST** submit the following documents to be considered for EOP&S services:

- [] Completed Compton Center EOP&S/CARE Program Application.
- [] Copy, not original, of SRC Inter-Program Referral Form, for SRC Participants only. This form must be for the semester you are applying. **NO EXCEPTIONS.**
NOTE: Your application will be delayed from being processed without this form. **NO EXCEPTIONS.**
- [] Copy, not original, of unofficial transcripts from ALL colleges and/or universities previously attended/registered. Transcripts must be dated within 30 days of submitting this application. **NO EXCEPTIONS.**
NOTE: Your application will not be processed without these transcripts. **NO EXCEPTIONS.**
- [] Copy, not original, of the current Dream Application Confirmation Page, for qualifying non-California residents. NOTE: Your application will not be processed without this confirmation page. **NO EXCEPTIONS.**

All applicants **MUST** submit the following documents to be considered for CARE services:

- [] All of the above documentation, if applicable.
- [] Copy, not original, of cash aid proof dated within 30 days of submission. NOTE: Written-in/handwritten cash aid proof/documentation will not be accepted. Also cash aid proof must be from DPSS. Print outs from the web will not be accepted. **NO EXCEPTIONS.**
- [] Copy, not original, of only the youngest child's birth certificate. NOTE: We cannot accept birth souvenirs from the hospital or hospital certificates. **NO EXCEPTIONS.**

All applicants please **NOTE** the following: all names and/or last names on all paperwork must be the same. They must all match, and they must all match with school records also. If your names and/or last names are different, you must provide proof as to why your names and/or last names are different. **NO EXCEPTIONS.**

Please Note: Funding and space for the EOP&S and CARE Programs are limited. Openings will be filled on a first come, first served basis and by date submitted. Also all applications are subject to availability of funds.

Submitting this application does not guarantee nor does it imply that you are eligible for the EOP&S and/or CARE Program(s). This application still needs to be processed for eligibility. Also you, the student, need to return and check the status of your application if you have not received an email from us. Submitting this application **incomplete and not submitting all documents** at the same time delays this application from being processed. Please submit this application and all applicable documents at the same time to:

El Camino College Compton Center
EOP&S/CARE Office
Room U-6
(310) 900-1600, ext. 2912
www.compton.edu/studentservices/eops

NOTE: This application and all paperwork/documents submitted become state property.

The El Camino Community College District is committed to providing equal opportunity in which no person is subjected to discrimination on the basis of ethnic group identification, national origin, religion, age, sex, race, color, ancestry, sexual orientation, physical or mental disability or retaliation.

EOP&S/CARE Application Deadline: TBA or until spaces are filled

APPLICATION FOR COMPTON CENTER EOP&S/CARE PROGRAM

Please ensure that **ALL FIELDS** in this form have been completed.

We are unable to process incomplete applications. Incomplete applications will be delayed from being processed. **NO EXCEPTIONS.**



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OFFICE USE ONLY
Date received/Staff initials:

Part I- -Semester Applying

Fall 20 _____ Spring 20 _____

Part II- -EOP&S/CARE Status

New (Never received EOP&S/CARE Services) **Returning** (Having skipped one or more semesters receiving EOP&S/CARE Services)

Part III- -Student Profile

Last Name _____ First Name _____ Middle Initial _____
Student ID# _____ Date of Birth: _____ Gender: Female Male
Address: _____ City: _____, CA Zip Code: _____
Contact # _____ **MyECC Email:** _____

Marital Status: Single, never married Widowed Married Divorced Separated

1.) Please check only one (1) ethnic group:

- American Indian or Alaskan Asian: Chinese/Japanese/Korean/Southeast Asian
 African American/Black Caucasian/White Latino/Hispanic/Chicano/Mexican-American
 Filipino Pacific Islander Other (please specify): _____

2.) Your High School Status:

- High School graduate—**GPA:** _____ Passed the High School Proficiency Exam
 Received GED Non-graduate

3.) Have you obtained a college degree?

- Yes If yes—type of degree: AA/AS BA/BS Other: _____ No

4.) Did your father and/or mother receive a BA/BS or higher degree from a college/university in the U.S.?

- Yes No

5.) Your parents' native language is English Other (please specify): _____

6.) Have you attended/registered at other college(s)/university(ies)? Yes No

If yes, name of college(s)/university(ies)*:

***Must provide a copy of
all transcripts dated
within 30 days of
submission for this
application to be
processed.
NO EXCEPTIONS.**

Part IV- - -Career Goal

Major: _____ and/or Type of Certificate: _____

- A. Transfer with an AA/AS B. Transfer without AA/AS C. Certificate & AA/AS D. Certificate
 E. AA/AS without Transfer F. Improve Basic Skills G. Undecided
 H. Other: _____

Part V- - -Enrollment Status at the Compton Center

- A. First semester student, never before attended
 B. Continuing student (enrolled at Compton Center during the previous semester)
 C. Returning student having skipped one or more semesters

Part VI- - -Recruitment Data

Who referred you to EOP&S? (Check all that apply)

- A. EOP&S Recruiter B. College Recruiter C. Financial Aid Office
 D. High School Counselor E. Other: _____

Part VII- - -Other

- 1.-Have you applied for the FAFSA (Free Application for Federal Student Aid) or CA Dream Application? Yes No
2.- How do you travel to school? Own car Bus Other: _____
3.-Are you the head of household? Yes No
4.-Are you receiving TANF/CalWORKs (cash aid benefits)? Yes-Date started: _____ No

If you answered yes only to #3 AND #4, please proceed and fill out Part VIII Cooperative Agencies Resources for Education (CARE) Eligibility. FILL OUT ONLY IF CARE. If you answered NO to #3 AND #4 then SKIP PART VIII and proceed to fill out Part IX.

Part VIII- - -Cooperative Agencies Resources for Education (CARE) Eligibility

To qualify for CARE services you must also submit the following:

Copy, not original, of cash aid proof dated within 30 days AND copy, not original, only of youngest dependent's birth certificate.

List Child(ren) Name(s) & Relationship	Date of Birth	Age
1.		
2.		
3.		
4.		
5.		
6.		

Please NOTE: all names and/or last names on all paperwork must be the same and must match with school records. If your names and/or last names are different, then you must provide proof as to why your names and/or last names do not match. NO EXCEPTIONS.

Part IX Release of Information, and Certification

I authorize ECC Compton Center EOP&S/CARE Staff to release my name and address to transfer institutions for the purpose of providing transfer and/or scholarship information. EOP&S/CARE staff may release my information to other programs/agencies and are authorized to use my name in program publications that highlight my success (i.e. GPA, graduation, transfer, etc.). I further authorize ECC Compton Center EOP&S/CARE Staff to access my academic records at ECC, ECC Compton Center, and other educational institutions. Also, I will adhere to the Mutual Responsibility Contract and affirm that the information given on this application and supporting documentation is true and accurate to the best of my knowledge. Any misrepresentation or misuse of funds may result in my dismissal and/or disqualify me from the program and all its services and possibly the college. Moreover, I also understand that all paperwork/documents, including this application, once submitted to the EOP&S/CARE Office at ECC Compton Center, become property of the state. Furthermore, I agree to submit further paperwork/documents when requested by the Compton Center EOP&S/CARE Program after having submit this application. I have read, understand, and agree.

Student signature _____

Today's date _____