

STAFF INITIALS & DATE RECEIVED	STUDENT NAME: ID#
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COMPTON COLLEGE EOPS/CARE

2019/FALL TERM EOPS/CARE CONTINUING STUDENT RENEWAL APPLICATION RECEIPT

Priority filing period for 2019/Fall Term EOPS/CARE Continuing Student Renewal Application:

Tuesday, May 28 , 2019-Thursday, June 27, 2019 by 1:00pm

ATTENTION STUDENTS:

In order to assist students in a timely & efficient manner & be considered for EOPS/CARE Services for the 2019/ Fall Term, all applicants must submit all of the following & adhere to all of the stipulations stated thereafter-**NO EXCEPTIONS:**

- [] Completely fill out the **2019/Fall Term EOPS/CARE Continuing Student Renewal Application**
- [] Submit a copy of your 2019/Fall Term Class Schedule

[] **CARE Students only:** submit a copy, not original, of only your **Verification of Benefits** dated within 30 days of submitting this application. **WE CANNOT ACCEPT: WRITTEN IN VERIFICATION OF BENEFITS, VERIFICATION OF BENEFITS WITH NO UA MEMBERS LISTED, WEB PRINTOUTS, OR NOTICE OF ACTIONS. ONLY THE VERIFICATION OF BENEFITS WITH THE UA MEMBERS LISTED PRINTED FROM THE DPSS OFFICE WILL BE ACCEPTED-NO EXCEPTIONS. ALSO A VERIFICATION OF BENEFITS THAT IS HANDWRITTEN BY DPSS WILL ALSO NOT BE ACCEPTED. MOREOVER, A VERIFICATION OF BENEFITS THAT IS PRINTED FROM THE WEB AND STAMPED BY DPSS WILL ALSO NOT BE ACCEPTED-NO EXCEPTIONS.**

- After you have completed the above steps, you have a completed **Application Packet**
- Bring your completed **Application Packet** by the priority deadline in person only to the Compton College EOPS/CARE Office, Room U-6
- Funding & space for the EOPS/CARE Program is limited; openings will be filled on a first-come, first-served basis & processed by date submitted-**NO EXCEPTIONS**
- **You should submit your Application Packet by the above priority deadline, and Application Packet must be complete-NO EXCEPTIONS**
- Complete the above as soon as possible so that you can be considered for EOPS/CARE Services that will assist you in your educational path
- Submitting this application does not guarantee nor does it imply that you are eligible for the EOPS/CARE Programs & its services. This application needs to be evaluated to determine if you continue to qualify for the EOPS/CARE Program & its services. During the time when your application is being evaluated, you may have to submit further documents-NO EXCEPTIONS
- Not submitting this application & all applicable documents at the same time will delay your application from being processed or your application may not be processed at all--NO EXCEPTIONS
- **REMINDER: A student who is receiving GAIN funds and/or other agencies' funds for books & supplies cannot receive an EOPS Book Voucher and/or a CARE Book Voucher-NO EXCEPTIONS**
- This receipt displays the date you submitted the **Application Packet** for 2019/Fall Term & all applicable documents to the Compton College EOPS/CARE Office (Room U-6). **DO NOT LOSE THIS RECEIPT-it is the only proof of having submitted this application & all applicable documents (Application Packet). If you lose this receipt you have no proof of having submitted this application and all applicable documents-NO EXCEPTIONS**
- Also you, the student, need to return to check the status of your application if you have not received an email from us by the first day of instruction. You may not receive an email from us if you do not qualify or if there is a problem with your application. **It is your responsibility to check for the status of your application-NO EXCEPTIONS. YOU MUST BRING THIS RECEIPT & YOUR ID IN ORDER FOR US TO ASSIST YOU. WITHOUT THIS RECEIPT & YOUR ID, WE CANNOT ASSIST YOU IN A TIMELY MANNER-NO EXCEPTIONS**
- If you have any general questions, please feel free to contact the Compton College EOPS/CARE Office at 1-310-900-1600, x2912

COMPTON COLLEGE



Extended Opportunities Programs and Services



Cooperative Agencies Resources for Education

STAFF INITIALS/DATE RECEIVED Submitted with application: <input type="checkbox"/> 19/FA Class Schedule <input type="checkbox"/> Verification of Benefits <input type="checkbox"/> SRC Inter-Program Referral	EOPS/CARE CONTINUING STUDENT RENEWAL APPLICATION 
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In order to be considered for EOPS/CARE Services, you must submit this application & all applicable during the priority filing period:

Tuesday, May 28 2019-Thursday, June 27, 2019, by 1:00pm

ALL CARE STUDENTS, please attach a copy of your Verification of Benefits dated within 30 days from the time you submit this application by the above priority deadline- NO EXCEPTIONS.

Anyone who submits this application & all applicable documents after the above priority deadline is considered late & this application will not be processed during the continuing student priority period-NO EXCEPTIONS.

Book vouchers, if available, are issued on a first-come, first-served basis & upon availability of funds.

Submitting this application & all applicable documents separately will cause a delay in your application from being processed & you may not receive EOPS/CARE Services for the term-NO EXCEPTIONS.

REMINDER: A STUDENT WHO IS RECEIVING GAIN FUNDS AND/OR OTHER AGENCIES' FUNDS FOR BOOKS & SUPPLIES CANNOT RECEIVE AN EOPS BOOK VOUCHER AND/OR A CARE BOOK VOUCHER-NO EXCEPTIONS.

PLEASE PRINT CLEARLY. THIS FORM CAN BE PRINTED DOUBLE SIDED.
DO NOT FILL OUT THE BACK.

SECTION I - STUDENT INFORMATION

ID# _____ Last name _____ First name _____ M.I. _____

Address _____ City _____, CA Zip _____

#1-Phone # _____ #2-Phone # _____

SECTION II - NOT RETURNING

Please check here & return this form only to the Compton College EOPS/CARE Office, if you do not plan to return after the 2019/ Spring Term. Please give a reason why (if possible), sign & date. DO NOT FILL OUT THIS SECTION (SECTION II) if you are returning, therefore, enrolled for 19/SU Term. If you are returning skip this section (Section II), go to the next section (Section III), read & fill it out.

Student signature _____ Date _____

SECTION III - MUTUAL RESPONSIBILITY CONTRACT CONTINUATION AGREEMENT

I certify that the information on this form is true & correct to the best of my knowledge. I also understand that I must comply with the terms of the most recent Mutual Responsibility Contract (MRC) & any changes made to the MRC since the date I signed it (see Orientation Guide for the terms of the MRC and any changes, if applicable). Also I understand that the EOPS/CARE Office will notify me of any changes made to the MRC via email. By signing I am certifying that I have read, understood & agreed.

Student signature _____ Date _____

19/FA TERM ::: STAFF COMMENTS/PHONE LOG-FOR OFFICE USE ONLY

Date	Comments	Staff Initials