



EOPS/CARE Office
1111 E. Artesia Blvd ::: Room U-6
Compton CA 90221
(310) 900-1600, ext. 2912

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 EOPS/CARE GAS CARD APPLICATION. YOU MUST BRING THIS RECEIPT AND YOUR ECC COMPTON CENTER SCHOOL ID WHEN YOU COME INTO THE EOPS/CARE OFFICE AND CHECK FOR THE STATUS OF THIS APPLICATION. WITHOUT THIS RECEIPT AND WITHOUT YOUR SCHOOL ID, WE CANNOT ASSIST YOU IN A TIMELY MANNER.

EOPS/CARE Gas Card Application Check Off List & Student Receipt

DO NOT PRINT THIS DOCUMENT DOUBLE SIDED

ID# _____ Last Name: _____ First Name: _____

[] Fall 20_____ [] Spring 20 _____ [] Summer 20 _____

All applicants MUST submit the following documents in order to be considered for transportation assistance:

- [] Completed EOPS/CARE Gas Card Application
- [] Copy, not original, of valid, current Vehicle Registration.

NOTE: You, the student, must be one of the registered vehicle owners. NO EXCEPTIONS.

PLEASE NOTE: Funding for transportation is limited, and gas cards will be distributed each time on a first-come-first-serve basis.

Submitting this application neither guarantees nor does it imply that you are eligible for transportation assistance. Also, submitting an incomplete application delays your application from being processed and from you possibly receiving transportation assistance. Please submit this application and all applicable documents to:

Compton College
EOPS/CARE Office
(310) 900-1600, ext. 2912

www.compton.edu/studentservices/eops

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



Gas Card Application

Please print Please print Please print Please print Please print Please print

Student Name _____ Student ID# _____

Address _____ City _____, CA Zip Code _____

Telephone # _____ Message # _____

Please Check #1 and #2

#1.)- New Returning Continuing

#2.)- EOP&S CARE

I certify that if I receive transportation assistance in the form of gas card from the EOPS/CARE Program that it will be used for providing transportation to and from school and/or to my child care provider. Also, I understand that I must be enrolled in at least 9 units (EOPS Regulation) in order to be eligible for a gas card. I further understand that the gas card is not meant to be given, sold, loaned or transferred to others. Moreover I understand that the gas card will not be replaced if lost, stolen, damaged, or destroyed. Additionally, I understand that I will not be eligible to receive this assistance if I fail to stay in compliance with the EOPS/CARE Mutual Responsibility Contract. Moreover, I understand that if I begin the semester receiving gas cards, I am not eligible to also receive bus tokens during the same semester. I have read, understood, and agreed to all.

Student Signature _____ Date _____

Accepted By _____ Date _____

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.