



EOP&S/CARE Office

1111 E. Artesia Blvd ::: Room U-6

Compton CA 90221

(310) 900-1600, ext. 2912

www.compton.edu/student-services/eops

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 METRO U-PASS APPLICATION. YOU MUST BRING THIS RECEIPT AND YOUR COMPTON COLLEGE 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 METRO U-PASS 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 Metro U-Pass Application

[] Must complete Metro U-Pass Survey online located on the college's website and present proof of survey

PLEASE NOTE: Funding for transportation is limited, and passes will be distributed on a first-come-first-serve basis only. Submitting this application neither guarantees nor does it imply that you are eligible for any type of transportation assistance or any other service. Also, submitting this application neither implies nor guarantees that you are eligible for the EOPS/CARE Program. This transportation assistance application needs to be evaluated, reviewed, and processed for eligibility. We may or may not send you an email, so you, **THE STUDENT**, must return and check for the status of your application. Submitting this application incomplete...

- delays your application from being processed and/or
- may cause this application to not be processed at all and/or
- may delay you from receiving transportation assistance and/or
- you may not receive transportation assistance at all
- NO EXCEPTIONS

PLEASE SUBMIT THIS APPLICATION TO:

COMPTON COLLEGE EOPS/CARE OFFICE

(310) 900-1600, EXT. 2912

www.compton.edu/student-services/eops

NOTE: THIS APPLICATION & ALL PAPERWORK/DOCUMENT(S) ONCE SUBMITTED BECOME STATE PROPERTY & THEY



**COMPTON COLLEGE EOPS/CARE PROGRAM
METRO U-PASS 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 if I receive transportation assistance in the form of a Metro U-Pass from the EOPS/CARE Program, it will be used for providing transportation to and from school and/or to my child care provider only. Also, I understand that I must be enrolled in at least 9 units (EOPS Regulation) in order to be eligible for the Metro U-Pass. I further understand that the Metro U-Pass is not meant to be given, sold, loaned, or transferred to others. I also understand that the Metro U-Pass 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 Agreement (MRC). Moreover, I understand that if I begin the semester receiving the Metro U-Pass, I am not eligible to receive gas card(s) during the same semester. I have read, understood, and agreed to all.

Student Signature _____ Date _____

Accepted by (Staff initial/signature) _____ 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.