2700 East Leland Road · Pittsburg CA 94565-5197 · Tel.# (925)439-2181 ext. 3138 · Fax # (925) 427-1599

Cooperative Agencies Resource for Education CARE Agreement

		or	
Name of Applicant (Please Print)	Social Security Number	Student ID #	
Street Address	City	State	Zip Code
E-mail Address	Phone Number		
Students attending Los Medanos College and academic, social and financial support. In ad books and supplies are provided to enhance ed The success of interventions is embedded in collaborate with all service agents benefiting the	dition, grants and allowa ducational success of acad in the program's ability a	nces for childcare, lemically under pre and consciousness	transportation, pared students.
To continue eligibility for CARE program ser Mutual Responsibility Agreement. As an EOPS			ts of the EOPS
☐ I will adhere to the stipulations ☐ I will attend the CARE Informat ☐ I will attend two CARE worksho ☐ I will file the Free Application for complete my financial aid file at unmet need as determined by the CARE Grant.	tion session every semester ops every semester. or Federal Student Aid (FA t LMC every year. I unders	AFSA) annually and tand that I must hav	ve an
If I do not adhere to the stipulations of my C. Furthermore, with my signature, I authorize the provided and exchange such information with the stipulation with the stipulation of my C.	he EOPS/CARE Office to		
Student Signature	Date		
For EOPS/CARE Office Use Only:			
Date of Review: Comments/Conditions: Full Services So EOPS Staff Signature:	ervices Only (no financial support s	ervices such as book voucher,	(grants)