



Spring 2012 EOPS Application Checklist

Before submitting your application, you <u>MUST</u> complete the tasks outlined in this checklist. Only complete applications will be accepted and processed—no exceptions.

☐ Submit an LMC application – Go to the Admissions Office or online at www.losmedanos.edu .
☐ Submit a Board of Governor's (BOG) Fee waiver – Go to LMC Financial Aid Office or online through <i>WebAdvisor</i> .
☐ Schedule and complete the English and Math assessment. (Schedule appointments online at www.losmedanos.edu/assessment .)
☐ Submit transcripts from all colleges attended not in our district (LMC, DVC, and CCC).
Register for 12 units or secure a full-time unit waiver from EOPS or DSPS.
Activate your LMC Mustang Email account- <u>idoe123@insite.4cd.edu</u> . Or create an email account (yahoo, Gmail, etc).
☐ Submit applications between November 23, 2011 and December 14, 2011 .



Applications received and processed in EOPS Office from Nov 23 to Dec 14, 2011-- or until program capacity is reached.

Extended Opportunity Programs and Services (EOPS)

2700 Leland Road, Pittsburg, California 94565-5197 Tel.: (925) 439-2181 x3138 Fax: (925) 432-3904

SPRING 2012 APPLICATION

Applicant, please note: The Implementation Guidelines (Sec 56280) of the California Community College Chancellor's Office permits EOPS to give special admissions consideration to applicants from the "greatest underrepresented among students served." Participation in EOPS is voluntary. Admission is not guaranteed as applications are processed on a first-come-first-served basis until enrollment capacity is reached. See attached application checklist.

I. APPLICANT INFORMATION						
Name:	irst	MI	Student ID#:_			
Address:		Apt #:	City: _			
ZIP: Email:			_ Phone :()		
Gender: □Male □Female	Date of Birth:	/_		_	Age:	
Marital Status: ☐ Single	☐ Married ☐ Separa	ated .	☐ Divorced	k		
Children: Name:	Age:	Date	e of Birth:			
Name:	Age:	Date	e of Birth:			
Name:	Age:	Date	e of Birth:			
Name:	Age:	Date	e of Birth:			
	? 🗆 Yes 🗅 No (If no, in	ndicate lang	□ Pilipino □ Declin guage):	o e to State		
IV. EDUCATIONAL BACKGROUS tudent Academic History: High School: □Yes □No □GED Please list ALL colleges you have	□Non-Grad GPA	College: (⊒Yes □No Ty	pe:		_
College or University	City and State	!	Dates	Units	Degree	EOPS



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Parent(s) Academic Hi	i story : ☐ HS Grad, no college	☐ College Grad
		Degree:
V. EDUCATIONAL GO		
What is your training		
•		
		ree; where:
		; where:
☐ To obtain an A.A./A.S.	. degree; field:	
☐ None of the above ap	oplies; specify:	
VII. COMMUNICATIO	ON	
•		ter Youth 🗖 EOPS Student 🗖 Other
• •	•	
		on for Federal Student Aid (FAFSA)? □Yes □No
If you have not submitted a	FAFSA, you may only be admitted to EG	OPS with provisional status.
Certification: Lattest at	or the state of th	Company of the compan
to provide proof where requ EOPS/CARE staff to verify ar	uired may be the cause for denial or be ny and all information that I have provic	ne best of my knowledge. I realize that any false statements or failure ing ineligible for the Program. By signing this application, I authorize ded, and exchange such information with necessary offices/programs.
to provide proof where requ EOPS/CARE staff to verify ar	uired may be the cause for denial or be	ing ineligible for the Program. By signing this application, I authorize
For Program Use On BOG Eligible:	uired may be the cause for denial or beiny and all information that I have provided as a signature of Applicant only: A	ing ineligible for the Program. By signing this application, I authorize ded, and exchange such information with necessary offices/programs. Date EFC:
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For Program Use On BOG Eligible: FAFSA Application Full-time Enrollm Educational Disaction Math 1 or 2 No HS or GED	signature of Applicant Note: A	ing ineligible for the Program. By signing this application, I authorize ded, and exchange such information with necessary offices/programs. Date Date EFC: Date:
For Program Use On BOG Eligible: FAFSA Application Full-time Enrollm Math 1 or 2 No HS or GED Major	signature of Applicant A	Date Date Date: Date
For Program Use On BOG Eligible: FAFSA Application Full-time Enrollm Educational Disaction Math 1 or 2 No HS or GED	signature of Applicant A	ing ineligible for the Program. By signing this application, I authorize ded, and exchange such information with necessary offices/programs. Date EFC: Date: Da
For Program Use On BOG Eligible: FAFSA Application Full-time Enrollm Hadior No HS or GED Major LMC Cumulative Uni Status: CARE Eligible EOPS Eligible CARE Eligible	Signature of Applicant Note: A	Date Date Date Date: Date:
For Program Use On BOG Eligible: FAFSA Application Full-time Enrollm Math 1 or 2 No HS or GED Major LMC Cumulative Uni Status: CARE Eligible, Ineligible,	Signature of Applicant Note: A	Date Date Date Date: Date:
For Program Use On BOG Eligible: FAFSA Application Full-time Enrollm Hadior No HS or GED Major LMC Cumulative Uni Status: CARE Eligible, Ineligible, Director's/Designee	signature of Applicant A	Date Date Date Date Date Date Date: D