



The Common Application for EOPS, CalWORKs, CARE, GSP, NextUp, and TRiO

Office Phone Number: (916) 660-7366

Please submit this application along with all required documents **in person** to the EOPS/CalWORKs/CARE/GSP/NextUp and TRiO office (located in Winstead Bldg. L-141). We will not accept any submissions via fax, email or postal mail. **Applicants will be notified by our office ONLY if they've been selected for one of the programs.**

Student Information

Name: _____
Last PLEASE PRINT First MI

Student ID #: _____ Cell: (____) _____ Can we text to this cell#? Yes No

Ethnic Background: Asian Black/African American Hawaiian/Pacific Islander Hispanic/Latino
 Native American/Alaskan Native White Other _____

Eligibility Information

Application Status: 1st time applying to EOPS TRiO | Returning EOPS TRiO | Transfer EOPS TRiO
 NextUp GSP | NextUp GSP | NextUp
 CalWORKs | CalWORKs

Is your goal to earn an Associate's Degree at Sierra and then transfer to a 4-year college/university? Yes No

Has your birth or adoptive parent earned a 4-year degree? Yes No

Semester Applying for: Fall Semester Spring Semester Summer Semester

Units enrolled for semester indicated above: 12+ 9-11.5 0-8.5 (must attach DSPS waiver for EOPS/TRiO)

Citizenship Status: U.S. Citizen Permanent Resident AB 540 (Dream) Other, please specify: _____

I am currently a participant or have applied for the following service/program(s):

DSPS/LD Puente Umoja Veteran Services RISE

EDUCATIONAL HISTORY (Check only those that apply to you)

High School Graduation Status:

- I am a high school graduate – year of graduation: _____ High School GPA: _____
- I have a GED or Equivalency/California Proficiency – year completed: _____
- I have not graduated from high school

College Status:

Have you attended any other College or universities?

- No, I have not attended any other colleges
- Yes, I have attended other colleges (please attach transcripts and complete the information below)

Name of College/University

1. _____ 2. _____

Foster Youth and NextUp Eligibility

Are you a current or former foster youth? Yes No (If "No", skip this section)

If your response is "Yes" are you under 26 years of age? Yes No; Date of Birth: ____/____/____ Age: ____

Was your dependency status established or continued by the Court on or after your 16th birthday? Yes No

Are you receiving AB12 benefits? Yes No

Are you receiving THP OR THP+? Yes No

CARE and CalWORKs Eligibility

Are you currently receiving cash aid benefits (AFDC/TANF/CalWORKs)? Yes No

Do you have dependent child(ren) who receive cash aid benefits (AFDC/TANF/CalWORKs)? Yes No

Are you a single parent and head of household? Yes No

Are you at least 18 years of age? Yes No

Please list your County Contact Person _____ Phone #: (_____) _____

Please list all members of your family who receive cash aid and their date of birth:

Name	Date of Birth	Name	Date of Birth
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

What is your marital status: Single Separated Divorced Widowed Married

Documents Must Be Submitted with Application

- Class Schedule with proof of CCPG eligibility (*copies can be obtained from your mySierra account*)
- If attended other college(s), submit copy of unofficial transcript(s) from other college(s)
- If CalWORKs, submit CURRENT proof of receipt of CalWORKs from your county case worker
- If a former or current Foster Youth, submit copy of foster care verification from any of the following foster care entities: Ombudsman Office, ILP, Social Worker or Placement Probation Officer. Foster care verification document must be on an official county/agency letter head.

Signature Required

STUDENT PUBLICITY RELEASE

I understand that if I am accepted into the EOPS, CalWORKs, CARE, GSP, NextUp or TRiO program, the staff may include my name and/or picture in publications and on the Sierra College website. The website highlights student accomplishments and participation in campus and in the program activities. I understand that I will receive no monetary payment now nor in the future for the reproduction of these photographs.

RELEASE OF INFORMATION

I certify that the information that I have provided on this application is, to the best of my knowledge, complete and accurate. Furthermore, I understand that by applying for the EOPS, CalWORKs, CARE, GSP, NextUp or TRiO program, I authorize the program staff to obtain records or data pertinent to my participation from other campus departments and programs and to release information to the U.S. Department of Education for the purpose of project performance reporting. The program staff also have my permission to communicate verbally or otherwise with staff, faculty or off-campus professionals on my behalf.

Students will be notified by our office **only** if they've been selected for the program.

Submission of an incomplete application and/or falsification will result in your application being denied or withdrawn.

Student Signature _____

Date _____

Staff Use Only

<p>EOPS Status:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> EOPS Transfer</p> <p># of UNITS student is enrolled in: _____</p> <p><input type="checkbox"/> DSPS Waiver Received</p> <p>CCPG: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (with 0 EFC) <input type="checkbox"/> D</p> <p><input type="checkbox"/> Eligible for EOPS</p> <ol style="list-style-type: none"> Qualified for remedial Not HS grad or no GED HS GPA below 2.5 Took remedial courses Other: _____ <p><input type="checkbox"/> Not Eligible for EOPS</p> <ol style="list-style-type: none"> Did not meet criteria: <ul style="list-style-type: none"> <input type="checkbox"/> CCPG <input type="checkbox"/> No educ disadv. Over 30 units / AA-AS degree Not enrolled in min. units Low GPA Incomplete application <p>Other Eligibility:</p> <p><input type="checkbox"/> CARE <input type="checkbox"/> FFY/NextUp</p> <p>Notes: _____</p>	<p>TRiO Status:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> TRiO Transfer</p> <p><input type="checkbox"/> DSPS Waiver</p> <p>CCPG: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (with 0 EFC)</p> <p><input type="checkbox"/> Taxable Income</p> <p><input type="checkbox"/> First Gen <input type="checkbox"/> Low Income <input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Eligible for TRiO</p> <ol style="list-style-type: none"> Meets min. eligibility criteria <p><input type="checkbox"/> Not Eligible for TRiO</p> <ol style="list-style-type: none"> Does not meet min eligibility Low GPA Not enrolled in min. units No college, HS GPA under 3.0 Test scores too low ESL placement less than 540 Goal not in line w/ program <p>Notes: _____</p>	<p>CalWORKs Status:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Returning</p> <p><input type="checkbox"/> Eligible for CalWORKs</p> <ol style="list-style-type: none"> Meets min. eligibility criteria <p><input type="checkbox"/> Not Eligible for CalWORKs</p> <ol style="list-style-type: none"> Not receiving cash aid for self No current county verification <p>Notes: _____</p>	<p>ACCEPTED INTO NextUp/GSP:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____ Coordinator's Signature / Date</p>
			<p>ACCEPTED INTO CalWORKs:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING</p> <p>_____ Coordinator's Signature / Date</p>
			<p>ACCEPTED INTO TRiO:</p> <p><input type="checkbox"/> YES</p> <p>_____ Director's Signature / Date</p>
			<p>ACCEPTED INTO EOPS:</p> <p><input type="checkbox"/> Fulltime Status <input type="checkbox"/> 10% Status</p> <p><input type="checkbox"/> NextUp9+ <input type="checkbox"/> DSPS Reduction</p> <p><input type="checkbox"/> NextUp w/DSPS Reduction</p> <p>_____ Coordinator's Signature / Date</p>
<p>NextUp/GSP Status:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> DOB_____</p> <p><input type="checkbox"/> DSPS Waiver</p> <p><input type="checkbox"/> Eligible for GSP</p> <ol style="list-style-type: none"> In care prior to 16 years old In care after 16 years old <p>County _____</p> <p><input type="checkbox"/> Not Eligible for GSP</p> <ol style="list-style-type: none"> Never in FosterCare placement Legal Guardian Probation Youth Only <p>Notes: _____</p>			