



# The Common Application for EOPS, CARE, CAFYES, GSP and TRiO Services

EOPS: (916) 660-7366 eops@sierracollege.edu

TRiO: (916) 660-7376 triosss@sierracollege.edu

CAFYES: (916) 660-7377 cafyes@sierracollege.edu

GSP: (916) 660-7543 guardianscholars@sierracollege.edu

Please submit this application along with all required documents **in person** to the EOPS/CAFYES/GSP/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: 1<sup>st</sup> time applying to  EOPS  TRiO | Returning  EOPS  TRiO | Transfer  EOPS  TRiO  
 CAFYES  GSP |  CAFYES  GSP |  CAFYES

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):

CalWORKs  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: \_\_\_\_\_
- I have a GED or Equivalency/California Proficiency – year completed: \_\_\_\_\_
- I have not graduated from high school

High School GPA: \_\_\_\_\_

College Status:

Current Units Enrolled In  12+  9-11.5  0-8.5 (DSPS waiver needed for less than 9 units)

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. \_\_\_\_\_

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 Bachelor's degree or higher?  Yes  No

## Foster Youth and CAFYES Eligibility

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

If your response is "Yes" are you under 26 years of age?  Yes  No; Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month / Day / Year

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

Are you receiving AB12 benefits?  Yes  No

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## CARE Eligibility

**Are you or your child(ren) a recipient of cash aid benefits (AFDC/TANF/CalWORKs)?**  Yes  No  
**If "No", skip this section**

If yes, are you a single parent and head of household?  Yes  No

If yes, are you at least 18 years of age?  Yes  No

If yes, do you have a dependent child(ren)?  Yes  No

What is your marital status:  Single  Separated  Divorced  Widowed  Married

**Documents Must Be Submitted with Application**

- Class Schedule with proof of BOGW A or B or D eligibility** (copies can be obtained from your mySierra account)
- Assessment/Placement Results** (copies can be obtained from your mySierra account)
- If attended other college(s), submit copy of unofficial transcript(s) from other college(s)**
- 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, CARE, CAFYES, GSP 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 EOPS/TRiO 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, CARE, CAFYES, GSP or TRiO program, I authorize the EOPS or TRiO 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 an EOPS or TRiO staff member 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**

**EOPS Status:**

- New  Returning  EOPS Transfer  
 # of UNITS student is enrolled in: \_\_\_\_\_
- DSPS Waiver Received  
 BOGW:  A  B  C (with 0 EFC)  
 D
- Eligible for EOPS
  1. Qualified for remedial
  2. Not HS grad or no GED
  3. HS GPA below 2.5
  4. Took remedial courses
  5. Other: \_\_\_\_\_
- Not Eligible for EOPS
  1. Did not meet criteria:  
 BOGW  No educ disadv.
  2. Over 30 units / AA-AS degree
  3. Not enrolled in min. units
  4. Low GPA
  5. Incomplete application

**TRiO Status:**

- New  Returning  TRiO Transfer
- DSPS Waiver
- BOGW:  A  B  C (with 0 EFC)  
 Taxable Income
- First Gen  Low Income  Disabled
- Eligible for TRiO
  1. Meets min. eligibility criteria
- Not Eligible for TRiO
  1. Does not meet min eligibility
  2. Low GPA
  3. Not enrolled in min. units
  4. No college, HS GPA under 3.0
  5. Test scores too low
  6. ESL placement less than 540
  7. Goal not in line w/ program

**Notes:**

**Other Eligibility:**

- CARE  FFY/CAFYES

**ACCEPTED INTO EOPS:**

- Full-time Status  10% Status
- CAFYES 9+  DSPS Reduction
- CAFYES w/DSPS Reduction

\_\_\_\_\_  
 Coordinator's Signature / Date

**ACCEPTED INTO TRiO:**

- YES

\_\_\_\_\_  
 Director's Signature / Date