



Extended Opportunity Programs and Services Student Application

14000 Fruitvale Ave, Saratoga, CA 95070
Phone: (408) 741-2023 <http://westvalley.edu/eops>

*Please include your Fall 2017 Class
Schedule with your EOPS application*

I. PERSONAL INFORMATION

Name: _____ Student ID: _____
Last First M.I.

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Gender: _____ Ethnicity: _____ Have you ever been in Foster Care? Yes No

Marital Status: Single (never married) Married Divorced Separated Widowed

Educational Goal: Transfer without AA/AS Transfer with AA/AS Vocational Ed Degree
AA/AS Degree Certificate Major: _____

Have you registered for Fall 2017? Yes No Number of Units Enrolled: _____

Assessment Scores: English Placement: _____ Math Placement: _____ ESL Placement: _____

Are you participating in any other program at West Valley? *Check all that apply*

CalWORKS DESP First Year Experience Puente Success TRIO Veterans

II. INCOME

Have you completed the 2017-18 FAFSA to apply for Financial Aid? Yes No

Are you receiving the Board of Governor's Fee Waiver? Yes No

III. EDUCATIONAL HISTORY

Highest level of education: High School Graduate Non-High School Graduate BA /BS degree

High School GPA: _____

Please list all Colleges/Universities attended and provide transcripts: _____

Total Units Completed at ALL colleges: _____

Are you a first generation college student (parents did not graduate college in the U.S.)? Yes No

Is English the primary language spoken at home? Yes No

IV. CARE ELIGIBILITY

Are you a Single Parent on Cash Aid /TANF with a child under 14 years of age? Yes No

Number of dependent children: _____ Age of dependent children: _____

SIGNATURE: _____ DATE: _____

EOPS Director: _____ Date: _____ Approve: _____ Deny: _____