

Monterey Peninsula College EOPS/CARE Application & Intake Form

OFFICE USE ONLY

NAME: _____ SSN: _____
print (Last), (First) (MI)

ADDRESS: _____
(Number, Street, Apt. #) (City) (State) (Zip Code)

PHONE NO: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

Have you ever enrolled in any school under a different name? Yes No

IF YES, PLEASE SPECIFY: _____

GENDER: Female Male

ETHNICITY: African Amer. White Amer. Indian/Alaska Native Hispanic
Asian/Pacific Islander Filipino Other (specify): _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA, GED, OR EQUIVALENT? Yes No

High School Attended: _____ Year you left: _____

High School GPA: _____ H.S. Transcript provided to MPC? Yes No

DO YOU HAVE AN AA/AS DEGREE? Yes No BACHELOR'S? Yes No

IF NEW TO EOPS, HAVE YOU EVER ATTENDED MPC BEFORE? Yes No N/A

IF YES, WHEN DID YOU ATTEND? (Dates/no. of semesters): _____

HAVE YOU EVER ATTENDED ANY COLLEGES BESIDES MPC? Yes No

IF YES, LIST SCHOOLS HERE: _____

HOW MANY TOTAL UNITS COMPLETED AT ALL OTHER COLLEGES? _____

NOTE: TRANSCRIPTS MUST BE PROVIDED! Are they already at MPC? Yes No

DID EITHER OF YOUR PARENTS EARN A BACHELOR'S DEGREE? Yes No

ARE BOTH OF YOUR PARENTS NATIVE ENGLISH SPEAKERS? Yes No

EDUCATIONAL GOALS: Transfer without AA/AS Transfer with AA/AS
AA or AS Degree Certificate of Achievement

MAJOR: _____

ARE YOU IN THE DISABLED STUDENT SERVICES PROGRAM? Yes No

IF YOU ARE RECEIVING TANF (AFDC), PLEASE SEE THE BACK OF THIS FORM!

EOPS STATUS: New Continuing

BOG WAIVER: A B N/A (continuing)

TOTAL DEGREE UNITS (all colleges): Summer: _____

Fall: _____ Spring: _____

DSPS? Yes No

ELIGIBILITY FACTOR (circle one): A B C D E

NO. OF MPC UNITS PLANNED: Summer: _____

Fall: _____ Spring (not Early Spring): _____

EOPS TERM OF ACCEPTANCE: _____

(YY#) Summer = 5, Fall = 7, Spring = 3

EOPS END-OF-TERM STATUS (circle one):

E P C S U G X

CARE STATUS (circle one): C L P S B O N

CARE TERM OF ACCEPTANCE: _____

(If student not CARE elig., report "YYY" for this field.)

CARE MARITAL STATUS (circle): M U D S W X Y

DATE TANF BENEFITS BEGAN: _____

CARE TANF LENGTH (circle #): 1 2 3 4+ Y

CARE DEPENDENTS (circle #): 1 2 3 4 5 6 Y

CARE WITHDRAW REASON (circle): A B C D E Y

STUDENT EOPS ELIGIBLE? Yes No

If not, state reason: _____

If student is PENDING what is, needed to complete file?

Entered by: _____ Reviewed by: _____

Student's signature Date Counselor's signature Date