

# EOP & S APPLICATION

1140 W. MISSION ROAD AA-141  
 SAN MARCOS, CA 92069  
 (760) 744-1150, EXT. 2449  
 www.palomar.edu/eops

SEMESTER \_\_\_\_\_ 20\_\_\_\_

I am a California Resident. YES NO  
 YES  NO  
 I qualify to receive a Board of Governor's Waiver (BOGW) A, B, or B (Zero EFC).  YES  NO  
 I am enrolled in 12 units (Fall/Spring Sem) 6 units (Summer Sem).  YES  NO  
 I have less than 70-degree applicable units.  YES  NO  
 I have completed Assessment/Placement Tests for English and Math.  YES  NO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Palomar ID # \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- |   |  |
|---|--|
| 1. <input type="checkbox"/> White/Caucasian           | 4. <input type="checkbox"/> Asian, Pacific Islander, Southeast Asian         |
| 2. <input type="checkbox"/> Black/African American    | 5. <input type="checkbox"/> American Indian/ Native American                 |
| 3. <input type="checkbox"/> Hispanic/Mexican American | 6. <input type="checkbox"/> Filipino 7. <input type="checkbox"/> Other _____ |

Do you have dependent children?  Yes  No If yes, ages of children: \_\_\_\_\_

Marital Status: 1.  Single 2.  Married 3.  Separated 4.  Divorced 5.  Widowed

TANF/CalWORKs Recipient? For yourself and your children  Yes  No  
 For your children only  Yes  No  
 If yes, when did your benefits begin? \_\_\_\_\_

Are you an emancipated Foster Youth?  Yes  No

Have you taken remedial education in High School or Basic Skills classes?  Yes  No

Do you have a:  High School Diploma  G.E.D.  None  
 Was your H.S. GPA below 2.5?  Yes  No

Have you applied for FAFSA?  Yes  No  
 Have you participated in **EOP&S**?  Yes  No Where: \_\_\_\_\_  
 Are you enrolled in **TRIO**?  Yes  No

Do either of your parents have a 4-year college degree?  Yes  No  
 Are you a native English speaker?  Yes  No  
 Are your parents native English speakers?  Yes  No

Do you have a disability?  Yes  No  
 If yes, are you enrolled with DRC?  Yes  No

Do you receive EDD Vocational State Rehabilitation Services?  Yes  No

Have you completed units at Palomar College?  Yes  No  
 Prior to 1983?  Yes Total Units \_\_\_\_\_.

Have you attended any other college(s)?  Yes  No  
 If yes, please list the college(s) you attended:

College	Unit Total	Transcripts at Palomar College	
		YES	NO
		YES	NO
		YES	NO

**FOR OFFICE USE ONLY**

1.  New EOP&S
2.  Requalifying
3.  BOGW A
4.  BOGW B
5.  BOGW B (Zero EFC)

Educational Disadvantage Eligibility:

1.  COMPASS
2.  Non HS Graduate or GED
3.  HS GPA below 2.5
4.  Previous Remedial Ed
5.  First Generation  
 Emancipated Foster Youth  
 Parents not native English speaking

EOP&S Director's Approval:  
 \_\_\_\_\_

What is your education goal at Palomar College?

1.  Transfer without AA degree
2.  Transfer with AA degree
3.  Vocational AA degree
4.  Other AA degree
5.  Certificate/license
6.  Other \_\_\_\_\_

Major: \_\_\_\_\_

**I certify the above statements are true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_