

**OXNARD COLLEGE**  
**EOPS/CARE APPLICATION**

Semester _____
Year _____

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date (Month/Day/Year) \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Telephone #: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Birthplace (City/State) \_\_\_\_\_

Did your parents graduate college? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Have you applied for FAFSA? \_\_\_\_\_ Have you done the Dream Act Application? \_\_\_\_\_ Are you AB540? \_\_\_\_\_

Are you part of (mark all that apply): \_\_\_\_\_ EAC \_\_\_\_\_ Foster Youth \_\_\_\_\_ Veteran \_\_\_\_\_ CalWORKs

Have you ever received services for physical or learning disability? \_\_\_\_\_

**ETHNIC BACKGROUND:** (Mark all that apply)

- |  |                  |                |
|--|------------------|----------------|
| 1. ___ American Indian or Alaskan Native | 3. ___ Black     | 5. ___ White   |
| 2. ___ Asian or Pacific Islander         | 4. ___ Latino(a) | 6. Other _____ |

**COLLEGE INFORMATION**

Major at Oxnard College: \_\_\_\_\_ Total number of college units completed: \_\_\_\_\_

Other Colleges you have attended (Name and Location) \_\_\_\_\_

Do you have a College/University Degree? \_\_\_\_\_ If yes, please choose which one: \_\_\_\_\_

Educational goal while at Oxnard College: \_\_\_\_\_

How did you first learn about EOPS at OC? \_\_\_\_\_

High School Status: \_\_\_\_\_ Year Graduated High School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

High School Attended: (Name/City/State/Country) \_\_\_\_\_

**CalWORKs Recipients Only**

Marital Status: \_\_\_\_\_ Do you receive Cash Aid? \_\_\_\_\_ Is Cash Aid for the children only? \_\_\_\_\_

Date you began receiving Cash Aid: \_\_\_\_\_ Number of Dependent Children under 18 years: \_\_\_\_\_

Name of Child	Age	Name of Child	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a SIP (Self-Initiated Participant)? \_\_\_\_\_ Mode of transportation to Oxnard College? \_\_\_\_\_

This information provided by me on this form is true and correct to the best of my knowledge.

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

**STAFF USE ONLY:**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_