



Berkeley City College EOPS/CARE/NextUp Application

2050 Center Street Berkeley, CA. 94704 510.981.2819

Academic Year _____ Fall Spring

Name: _____ Student ID Number: _____

Please Print Last First Initial

Address: _____ City: _____ Zip: _____

Phone: (____) ____-____ Mobile: (____) ____-____ Alternate: (____) ____-____

Email Address: _____ PCCD Email Address: _____

I Personal Information

Gender: Male Female Non Binary Other D.O.B. ____/____/____ Age _____

Race/Ethnicity:

- African American/African Hispanic/Latinx
 Asian _____ (Specify) Middle Eastern _____ (Specify)
 Caucasian Native American
 Filipino/Pacific Islander Other: _____ (Specify)

Is English your primary language? Yes No _____ (Please indicate)

California Resident? Yes No lived in CA. since (month/year) ____/____

Current or Former California Foster Youth? Yes No

Have you completed a FAFSA Application? Yes No

Have you completed a Dream Act (CADA) Application? Yes No

Are you currently enrolled in at least 12 units? Yes No

II Educational Background (Please check all that apply)

Educational Level: H.S Diploma GED Non Graduate Attended College

Last College Attended: _____ **Degree obtained:** AA BA/BS Certificate None

Were you previously enrolled in EOPS? Yes No **If Yes:** EOPS Transfer Re-Admit Student

Father's highest educational level Non H.S. Graduate H.S. Graduate College Graduate

Mother's highest educational Level Non H.S. Graduate H.S. Graduate College Graduate



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III Educational Goal (Please Check One)

Major: _____

- | | |
|--|--|
| <input type="checkbox"/> AA/AS Degree only | <input type="checkbox"/> Certificate of Proficiency or License |
| <input type="checkbox"/> Transfer without AA/AS Degree | <input type="checkbox"/> Transfer with AA/AS Degree |
| <input type="checkbox"/> Other | <input type="checkbox"/> Undecided |

Where do you plan to Transfer? _____

IV Additional Information

Is there any personal or family circumstance that may interfere with your ability to start or complete your educational goals? Yes No

If yes, please explain _____

Are you eligible for Disabled Student Services? (PSSD/DSPS) Yes No

Would you like to be assessed for a learning disability? Yes No

Would you like to be referred to the Wellness Center for additional support? Yes No

Additional information you feel is relevant to the application process: _____



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CARE Eligibility

Cooperative Agencies Resources for Education (C.A.R.E.) is a supplemental educational support program for EOPS students who are single, head of household parents with at least one child under the age of 18 and parent or child are receiving TANF or CalWORKs benefits.

If you believe you meet the qualifications for CARE academic support please complete the section below.

Number of persons receiving TANF/CalWORKs benefits _____ Adults _____ Children _____

In which county are you receiving TANF/CalWORKs benefits? _____

Please list all family members eligible for TANF/CalWORKs

Last Name	First Name	Date of Birth	Age



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Student Responsibility

Once you are determined eligible, you are required to attend an EOPS New Student Orientation in order to be accepted into the EOPS program.

You will remain eligible for the EOPS program for six (6) consecutive semesters or until you have earned seventy (70) degree applicable units as long as you meet the following criteria:

Adhere to the Mutual Responsibility Contract (MRC)

Maintain Satisfactory Academic Progress (SAP)

Remain eligible for the California Community College Promise Grant. Formally, Board of Governors Fee Waiver (BOGW)

Follow the Peralta Community College District's Student Code of Conduct

Certification and Signature

I certify that all information on this application is true and complete to the best of my knowledge. I understand that any false statements or failure to provide proof of academic status may be cause for denial or result in ineligibility to participate in the EOPS/CARE program.

Name of Applicant: _____ Student ID _____

Signature: _____

Received By: _____ Date: _____



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For Office Use Only

Educational Disadvantage:

1. Academic:

- English Math Other _____

2. Diploma:

- No H.S. Diploma College Remedial
 H.S. Diploma GPA below 2.5 Other _____ (Verification Required)
 H.S. Remedial / ESOL

3. Personal:

- Member of under-represented group
 Parents never attended college
 Parents native language not English

4. CARE Eligibility:

- CalWORKs/ TANF eligible
 EOPS eligible
 Student Eligibility Update on file

5. NextUp Eligibility:

- Meets age requirement Ward of the Court Verification letter
 EOPS eligible

Approval:

- Fall Spring Approved Denied

Comments: _____

EOPS Coordinator's Signature: _____ **Date** _____

Applicant Notified of Status:

By: _____ **Date:** _____

Comments: _____

