College of the Redwoods
EOPS/NextUp/CARE
2024-2025 APPLICATION

Extended Opportunity Programs and Services/Next Up/Cooperative Agencies Resources for Education

Ph: (707) 476-4270 Fax: (707) 476-4432 Email: eops-staff@redwoods.edu

Personal Data (Please Print)

Legal Name: _____ Student ID#: _____ Date: _____

Date of Birth: _____

Personal Pronouns: _____

What is the best phone number to contact you at?: _____

What campuses/sites do you plan to attend? (Check all that apply)

- ☐ Eureka
- ☐ Del Norte
- ☐ Klamath-Trinity
- ☐ Online

Are you a current or former foster youth?   Yes   No

Were you in foster care on OR after your 13th birthday?   Yes   No

Education History

	YES	NO
1. Are you a California resident or Dream Act Student?	☐	☐
2. Have you completed **LESS THAN 70 UNITS** of college classes?	☐	☐
3. Are you enrolled full-time (12 or more units) for the upcoming semester?	☐	☐

	YES	NO	PENDING
4. Are you enrolled in the Disability Services & Programs for Students?	☐	☐	☐
5. Have you been enrolled in EOPS at CR or any other California Community College? If YES,	☐	☐	

Where? _____   When? _____

Education Criteria

	YES	NO
6. Did you graduate from high school?	☐	☐
If NO, did you complete your GED?	☐	☐
OR pass the High School Proficiency Test?	☐	☐
7. Was your high school GPA below 2.5?	☐	☐
8. Have you previously been enrolled in remedial education or basic skills courses?	☐	☐
9. Did your PARENT(S) receive a Bachelor's (BA/BS) degree from a 4-year university?	☐	☐

10. Ethnicity (Check all that apply)
- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino
- ☐ Caucasian/White
- ☐ Other

	YES	NO
11. Was/is the primary language spoken in your home English?	☐	☐
12. At anytime in the last 24 months were you determined to be homeless by verified agencies?	☐	☐
13. Have you attended any other colleges?	☐	☐

*Name of college(s) attended: _____

Please submit unofficial transcripts to EOPS or official transcripts to Admissions ASAP. Please be aware that official transcripts sent to Admissions will have a longer processing time.

CARE Eligibility Screening

The CARE Program provides additional educational support services to assist single parents who are participating in a cash aid program.

	YES	NO
14. Are you the designated single head of household?	☐	☐
15. Do you have a dependent under the age of 18?	☐	☐
16. Are you or your dependent receiving cash aid through CalWORKs/TANF/Tribal TANF?	☐	☐

The information provided is true and correct to the best of my knowledge. I understand if I provide false information, I may be denied services offered by EOPS. I also give CR EOPS staff permission to discuss/share information regarding my EOPS status and academic progress with other CR faculty and staff.

Student Signature: _____   Date: _____

EOPS Staff Signature: _____   Date: _____