

College of the Redwoods

EOPS/NextUp/CARE

2025-2026 APPLICATION

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

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

Personal Data (Please Print)

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

Date of Birth: _____

Personal Pronouns: _____

Preferred Name: _____

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

YES NO PENDING

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?

4. Are you enrolled in Student Accessibility Support Services (SASS)?

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 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: _____