



Extended Opportunity Programs and Services (EOP&S) Cooperative Agencies Resource for Education (CARE)

Student Application-Fall 2019

PERSONAL INFORMATION

LAST Name: _____ MI: _____ FIRST Name: _____ RHC Student ID #: ____/____/____

Address: _____
City _____ Zip Code _____

Cell Phone #: () _____ Other Phone#: () _____ Date of Birth: ____/____/____

ACCESS RIO E-mail: _____ Personal E-mail: _____

EDUCATIONAL CRITERIA & BACKGROUND

A. High school attended : _____ High school graduation/expected graduation date (month/year): ____/____

Check one: H.S. Diploma GED Not a H.S. Grad

B. What was your Grade Point Average (GPA) in high school?

0-2.49 2.50-3.49 3.50 & above

C. Did either of your parents graduate from a 4-year college/university? Yes No

D. Are you a current or former foster youth? Yes No *Additional documentation may be requested.*

E. Is English your first language? Yes No

F. Do/will you participate in Rio Hondo College's Disabled Students Programs & Services (DSPS)? YES NO

G. Have you ever participated in Rio Hondo College's EOP&S or another EOP&S at any other college? YES NO
College/Year: _____

ALL ACCREDITED COLLEGES /UNIVERSITIES ATTENDED – must provide transcripts

College/University _____ Date Attended: ____/____/____ to ____/____/____

College/University _____ Date Attended: ____/____/____ to ____/____/____

College/University _____ Date Attended: ____/____/____ to ____/____/____

CARE ELIGIBLE STUDENTS –Additional forms are required

Are you receiving TANF (Cash Aid) for yourself and/or your children? Yes No

Are you a single parent? Yes No

Are you a current participant of Rio Hondo College CalWORKs? Yes No

FINANCIAL AID

HAVE YOU COMPLETED THE FAFSA? YES NO IF NO, APPLY ONLINE AT WWW.FAFSA.ED.GOV AND BE SURE TO INCLUDE RHC SCHOOL CODE 001269

ARE YOU A CALIFORNIA DREAM ACT (AB540) STUDENT? YES NO

I certify that the information on the application is complete and correct to the best of my knowledge. I grant the Rio Hondo EOP&S/CARE office the authority to verify and/or obtain the records necessary to document the above information as well as to receive information regarding my college and academic status from other college departments. I am aware that any false statement or any withholding information regarding the EOPS/CARE program criteria may result in the disqualification of my application for EOP&S/CARE services and grants.

Student Signature: _____ Date: _____

OFFICE USE ONLY:

Date Application Reviewed: _____ By: _____

Not Eligible Eligible DIRECTOR'S SIGNATURE: _____ DATE: _____