



Palo Verde College
EOPS Student Application

NAME: _____

DATE OF BIRTH: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

WHAT DATE DID YOU BEGIN YOUR MOST RECENT STAY IN CALIFORNIA? _____

I PLAN TO ENROLL: _____ FULL TIME (12 UNITS) _____ ¾ TIME (9-11 UNITS) _____ LESS THE ¾ TIME

SEX: _____ MALE _____ FEMALE

ETHNICITY (OPTIONAL): AFRICAN AMERICAN _____ HISPANIC _____
ASIAN/PACIFIC _____ NATIVE AMERICAN _____
CAUCASION _____ OTHER _____

LAST HIGH SCHOOL ATTENDED: _____

NAME LOCATION YEAR

EDUCATION: HIGH SCHOOL GRAD: _____ NON GRAD.: _____
G.E.D.: _____ HIGHEST GRADE COMPLETED: _____
H.S. PROFICIENCY: _____ PREVIOUS ATTENDANCE IN REMEDIAL ED.: _____

PRIOR COLLEGE ATTENDANCE:

CONTINUING STUDENT FROM LAST SEMESTER: _____
FIRST TIME STUDENT: _____
RETURNING STUDENT TO PVC AFTER AN ABSENCE: _____
RETURNING STUDENT TO PVC AFTER ATTENDING ANOTHER COLLEGE: _____
FIRST TIME STUDENT TO PVC AFTER ATTENDING ANOTHER COLLEGE: _____

I AM A RECIPIENT OF PUBLIC ASSISTANCE: _____ YES _____ NO

CALWORK'S/TANF (INCLUDING FOOD STAMPS): _____ HOW LONG? _____
SOCIAL SECURITY: _____
SSI: _____
OTHER: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

ASSESSMENT TEST	SD SCORE	OUTCOME
READING		
WRITING		
COMPUTATION		
ALGEBRA		
CELSA		
NO ABILITY TO BENEFIT		

STUDENT I.D. #: _____
BOGW: _____
DSPS: _____
CARE: _____
EOPS ELIGIBLE: _____ YES _____ NO