



EOPS/CARE Application

Academic Year 20____-20____

Student Name: _____ PC Student ID: @_____

Last First Middle Initial

Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

PC E-Mail Address: _____@email.portervillecollege.edu

Marital Status: Single Married Separated Divorced Widowed Other

Age: Under 18 18-25 26-35 35+

Gender: Male Female

Ethnic Background:

- White Non-Hispanic
- American Indian/Alaskan Native
- Other _____
- Hispanic
- Filipino
- African American
- Asian

Is English the primary language spoken at home? Yes No

Have either of your parents received a bachelor's degree? Yes No

Have you been a Foster Youth? Yes No

Are you a former EOPS student at PC? Yes No

When did you start your education at Porterville College? _____

Semester Year

CARE Program (Cooperative Agencies Resources for Education)

1. Are you and/or your children currently receiving TANF/CalWORKs cash aid? Yes No
2. Are you at least 18 years of age? Yes No
3. Are you **Single Head of Household**? Yes No
4. Are you a full time student at Porterville College? Yes No

If you answered "Yes" to all the above CARE questions, list all of the dependent children under your direct care:

Full Name of Child	Age	Relationship to You

CARE Program Application Process

Student(s) interested in applying for the CARE Program must request a "CalWORKs/TANF Certification" form from the EOPS/CARE Office. A county Health and Human Services Agency representative needs to complete the form. Please submit the form to the EOPS/CARE Office prior to the established deadline.

·PLEASE COMPLETE BACK OF APPLICATION·

