BEFORE SUBMITTING AN EOPS, CARE & NEXTUP APPLICATION, YOU MUST:

- Enroll in at least 12 units for the fall 2024 semester at Napa Valley College (if you are a DSPS student, current or former foster youth, please contact our office in regards this unit requirement).
- Submit current academic transcripts from all prior colleges (other than Napa Valley College) to the EOPS, CARE & NextUp programs (if applicable). Foreign transcripts must be evaluated by an international evaluation agency.
- Apply for financial aid (2024-2025 FAFSA or CA Dream Act application) and submit all additional documents required by the Napa Valley College Financial Aid Office.
- Complete the NVC New Student Orientation www.napavalley.edu/counseling (if applicable).
- Complete NVC Placement Tools for Math and English (or ESL). For more information, contact the Testing Center at (707) 256-7437.

*DEADLINE TO APPLY:

Friday, September 20th at 4:00pm

*Application window may close earlier than the deadline once all available spots for fall 2024 are filled.

*If you are a current or former foster youth, please contact our office in regards this due date.

SUBMIT YOUR COMPLETED APPLICATION TO THE EOPS OFFICE OR:

Mail:   Financial Aid/EOPS Office  
        Building 1100, Room 1132  
        2277 Napa-Vallejo Hwy  
        Napa, CA 94558

Email:  EOPS@napavalley.edu

OTHER INFORMATION:

- Admission into the EOPS, CARE & NextUp programs is NOT automatic. You must be declared eligible by the NVC EOPS program in order to be admitted into the program(s).
- Once determined eligible, you must attend an EOPS, CARE & NextUp New Student Orientation. Dates and times for orientations will be provided with your eligibility letter.
- Eligible students must call our office to sign up for an EOPS, CARE & NextUp New Student Orientation.
- There are a limited number of openings for new students each semester; first come, first serve basis.
- The eligibility screening process takes at least four weeks to complete. Please allow more time during the beginning of the semester due to the high volume of applications that are submitted.
- The EOPS, CARE & NextUp Office will notify you via your NVC student email regarding your eligibility for the program(s).
- If you have questions about Financial Aid, please contact (707) 256-7300.
- For more information, visit our website at www.napavalley.edu/EOPS or contact the EOPS Office directly (707) 256-7323 or 707-256-7326.
- Online applications are available on our website and printed in the Financial Aid/EOPS Office.
EOPS, CARE & NextUp Programs
2024-2025 Application

STUDENT INFORMATION:
Name ______________________________________ NVC Student ID # __________________
Preferred Name ____________________________ Your Pronouns ____________________________
Address ____________________________________ Street ______________________________________
City ____________________________ State ______ Zip ______
Personal Email ____________________________________________
Date of Birth ___/___/_______ Cell phone # (_____) ___________ Home phone # (_____) __________

MARITAL / FAMILY STATUS:
Gender Identity: ☐ Female ☐ Male ☐ __________________ (fill in the blank) ☐ Prefer not to disclose
Marital Status: ☐ Single (never Married) ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Are you single parent, Head of the Household? ☐ Yes ☐ No
Are you receiving county assistance? ☐ Yes ☐ No
Check all that apply: ☐ CalFRESH ☐ CalWORKs cash aid ☐ TANF
Do you have any dependent children under the age of 18? ☐ Yes ☐ No
Ethnic Background: (Please select ONE PRIMARY ethnicity)
☐ African American ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Filipino
☐ Middle Eastern ☐ Native American/ American Indian ☐ Native Alaska ☐ Other ______________
Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No

FOSTER YOUTH-NEXTUP ELIGIBILITY:
Are you a current or former foster youth? ☐ Yes ☐ No
If Yes, Are you under 25 years of age? ☐ Yes ☐ No Age________
Was your dependency status established by the Court on or after your 13th Birthday? ☐ Yes ☐ No ☐ Not sure
Are you receiving AB12 (extended foster care) benefits? ☐ Yes ☐ No ☐ Not sure

RESIDENCY STATUS:
Current Resident Status: ☐ U.S. Citizen ☐ Eligible non-Citizen ☐ AB540 ☐ Other ______________

FINANCIAL INFORMATION:
Have you completed the 2024-2025 Free Application for Federal Student Aid (FAFSA) or CA Dream Act Application? ☐ Yes ☐ No
(If No, Please do so immediately to be considered for the programs).
Do you currently receive services or resources from any of the following? ☐ Veterans Services ☐ DSPS ☐ TANF
☐ CalWORKs cash aid ☐ Vocational Rehabilitation ☐ TANF ☐ TRiO-SSS ☐ HSI/STEM ☐ Umoja ☐ Puente

EDUCATIONAL HISTORY:
High School GPA: __________
Is English your first language? ☐ Yes ☐ No
Did either of your parents graduate from college with a four-year degree (B.A., B.S.) in the United States? ☐ Yes ☐ No
Have you completed the NVC Placement Tools in English, Math or ESL?  □ Yes  □ No

Have you completed the NVC New Student Orientation? □ Yes  □ No

Have you previously attended Napa Valley College? □ Yes  □ No

Have you attended any other US or foreign college, university, vocational, technical or trade school? □ Yes  □ No

List ALL colleges, universities, vocational, technical or trade schools in which you have enrolled after high school including those that are outside the United States:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Year(s) Attended</th>
<th>Number of Units Completed</th>
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Total number of units completed at all colleges to date: ____________

Do you have a college degree earned in the US or foreign country? □ Yes  □ No

If yes, type of degree: ______________________________________

Did you participate in EOPS at another college? □ Yes  □ No  If Yes, please list college(s): __________________________

EDUCATIONAL / CAREER GOALS:

What is your major? ___________________  What are your career goals? _______________________

Do you plan to transfer? □ Yes  □ No  □ Not sure  If yes, to what school? ____________________________

Please indicate in which semester(s) you plan to enroll at NVC: □ Fall 2024  □ Spring 2025

STUDENT AUTHORIZATION AND CERTIFICATION:

(Please read and initial the items below):

□ I authorize EOPS, CARE & NextUp staff to exchange information from other colleges, departments and/or public agencies as it relates to my eligibility or academic progress.

□ I certify that the information provided on this application is true and correct to the best of my knowledge.

□ I understand that I must enroll in at least 12 units at NVC to qualify to join EOPS, unless I have a documented eligibility with DSPS or I qualify for NextUp.

□ I understand that priority enrollment is given to students who are not being served by similar NVC academic support programs.

□ I understand that I must submit current academic transcripts from all prior colleges I have attended in the US or foreign country (other than Napa Valley College) to EOPS to be considered for the program.

□ I understand that I must submit verification benefits if I am receiving CalWORKs assistance from the county to be considered for the CARE program.

□ I understand I will be notified to my NVC student email regarding my eligibility for EOPS, CARE & NextUp programs. If any of my contact information changes, I will notify the EOPS office of any changes.

_________________________________________  ________________________________
Applicant Signature  Date Signed

Return completed application to: Financial Aid/EOPS Office, Napa Valley College, 2277 Napa-Vallejo Hwy. Napa, CA 94558

If you have questions regarding EOPS, CARE & NextUp and/or this application, please contact our office at (707) 256-7323.

Email: EOPS@napavalley.edu; website: www.napavalley.edu/EOPS

Rev. 4/23/24