NAPA VALLEY COLLEGE

EOPS, CARE & NextUp Programs

2023-2024 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

How many dependent children do you have? (if applicable)_____

What are the ages of your children? (if applicable) _____

Ethnic Background: (Please select ONE PRIMARY ethnicity)

☐ African American ☐ Asian ☐ Caucasian/White ☐ Hispanic/Latino ☐ Filipino

☐ Middle Eastern ☐ Native American ☐ Prefer not to disclose ☐ Other _____

Are you a veteran of the U.S. Armed Forces? ☐Yes ☐ No

FOSTER YOUTH- NEXTUP ELIGIBILTY:

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 2023-2024 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 Graduation Status: ☐ High School Diploma ☐ G.E.D. ☐ C.H.S.P.E. ☐ Non-graduate

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**:

Name of School	Year(s) Attended	Number of Units Completed

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 If yes, to what school? _____

Please indicate in which semester(s) you plan to enroll at NVC: ☐ Fall 2023 ☐ Spring 2024

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 by email, phone, or mail regarding my eligibility for EOPS, CARE & NextUp programs. If any of my contact information changes, I will notify the EOPS, CARE & NextUp 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