



FA      SP  
Acceptance Term:

**Extended Opportunity Program and Services (EOPS)  
Eligibility Intake Form**

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_

Butte College ID Number \_\_\_\_\_

Previous name used on academic records: \_\_\_\_\_

Butte email address \_\_\_\_\_

Phone: \_\_\_\_\_

**GENERAL CRITERIA:**

Are you a California resident or AB540 student? Yes                      No

Number of Butte College units enrolled in currently \_\_\_\_\_

Have you completed more than 70 college units? Yes                      No

Have you completed coursework at any other college(s)? Yes                      No

List college(s) (Official transcripts from other college(s) must be on file with Butte College Admissions & Records) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ECONOMIC CRITERIA:**

Have you applied for financial aid by completing the FAFSA or the CA Dream Act Application?  
Yes                      No

**DSPS ELIGIBILITY:**

Are you participating in DSPS? Yes                      No

DSPS Students are eligible for unit and completion exemptions.

**CARE ELIGIBILITY:**

Are you a single parent? Yes                      No

Do you have a child under the age of 14? Yes                      No



Are you receiving cash aid from CalWORKs/TANF for you or your children? Yes No

***If you answered yes to all, you may be eligible for our CARE program!***

**EDUCATIONAL CRITERIA:**

Have you been a Butte College EOPS participant before? Yes No

Did you graduate from high school, or receive a GED, Certificate of Equivalency/Completion, or High School Proficiency Certificate? Yes No

Was your high school GPA below 2.5? Yes No

Are you currently enrolled, or have you ever been enrolled in basic skills classes (classes numbered 200-299)? Yes No

Have **either** of your biological or adoptive parents received a bachelor's degree? Yes No

Do either of your parents speak English as their first language? Yes No

Are you a member of one of the following groups? Please check all that apply:

Black/African American

Hispanic

Former or Current Foster Youth

Native American

Male

LGBTQ

I certify the above information is correct. I understand if I provide false information, I may be denied services.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

**GENERAL CRITERIA:**

Units currently enrolled:  
California Resident/AB540:  
Less than 70 degree applicable units: Yes No

**EDUCATIONAL CRITERIA:**

High School, GED Proficiency  
High School GPA below 2.5  
Remedial Course:  
Parent/Guardian Education Level, Native Language, SE  
Group.  
Comments:

**ECONOMIC CRITERIA:**

CCPG A  
CCPG B  
CCPG C  
Recertify to CCPG B: Income \_\_\_ Family Size \_\_\_  
SAI \_\_\_\_\_

**EXEMPTIONS:**

DSPS: Needs DSPS Letter

**EOPS DETERMINATION:**

Eligible  Ineligible Educational Economic

EOPS Director or Designee Signature

Date