

TO APPLY:

1. Complete this application by typing your answers in the blank areas.
2. Print your completed application, sign it, and return to the EOPS office.

All applications must be received in the EOPS Office by 3 pm on **Friday, March 30, 2018**

PERSONAL DATA

Name _____

Student ID (M00#) _____ Phone _____

Email _____

EDUCATIONAL CRITERIA

COM Major: _____ Transfer Major: _____

Current Educational Goal (Please check all that apply) Degree Certificate Transfer

Expected Date of graduation from COM (semester, year) _____

Expected Date of transfer to another college/university (semester, year) _____

If transferring, name of college/university you plan to transfer to _____

EMPLOYMENT/HOUSEHOLD

Are you employed? Yes No

If yes, where? _____

How many hours per week are you working? _____

Do you receive financial aid other than EOPS and/or CalWORKs grants? Yes No

If yes, what type? _____

Do you have children/other dependents that you support? Yes No

Total number of dependents _____ Age(s) _____

SHORT ANSWER/WRITTEN STATEMENT

1. Please list any areas of interest, academic honors, clubs, organizations, sports, volunteer work, and/or leadership activities that you are involved with at COM or in your community. (Not to exceed 250 words).

2. What is your career goal? (Not to exceed 250 words).

3. Where do you see yourself in 5 years? (Not to exceed 250 words).

4. Describe any challenges you have overcome during your time at COM. (Not to exceed 250 words).

5. Why are you deserving of this scholarship and how will it help you achieve your educational and career goals?
(Not to exceed 250 words).

SIGNATURE

By signing this, I give permission for the EOPS Scholarship Committee to review my academic transcripts.
I also certify that the information I am providing is true and correct.

Signature _____ Date _____