

Quick ARC NextUp APPLICATION

Term of Enrollment at ARC: FALL _____ SPRING _____ SUMMER _____

Student Information:

Student ID #: _____ School Gmail: W _____ @apps.losrios.edu

Last Name _____

First Name _____ Middle Initial _____

Address _____ Apt. # _____

City _____ Zip Code: _____ Contact # _____

Educational Goal: (check what applies) 1-Certificate 2-A.A./A.S. 3-Transfer

Ethnic Background:

- American Indian or Alaska Native Hispanic or Latinx
- Asian Native Hawaiian or other Pacific Islander
- Black or African American White
- Other _____

Are you Currently a Participant of

Veteran Services YES NO

CalWORKs YES NO

DSPS/LD (Provide DSPS Memorandum) YES NO

Are you currently eligible as a "Dream Act" (AB 540) student? YES NO

Are you currently enrolled or previously attended college? YES NO

- If YES, list the names of ALL COLLEGES attended below and you **must** provide official transcripts to ARC Admissions Office for colleges outside of Los Rios:

NextUp Program: Complete ONLY if you are current or former foster youth

Are you a current or former foster youth? (if no skip this section) YES NO

* If your response is "Yes", are you under 26 years of age? YES NO

Date of Birth: ____mm/____dd/____yy Age _____

*Was your dependency status established or continued by the Court on or after your 13th birthday? YES NO

*Are you planning to enroll in at least 1 course this academic semester?
NOTE: Student Educational Plan reflects 9 units in the future and appointment is scheduled with NextUp Liaison for verification: _____ Staff Initials YES NO

CARE Program: Complete ONLY if you are a single parent

- Are you 18 years of age or older YES NO
- Are you a single parent, head of household? YES NO
- Are you or your child(ren) currently receiving cash aid? YES NO
- Do you have a dependent child? YES NO

TANF/CalWORKs Program Aid Verification Form MUST BE GIVEN to student: _____ Staff Initials

Signature Required: (Student Publicity Release)

I understand that if I am accepted into the EOP&S, CARE, and/or NextUp, the staff may include my name and/or picture in publications and on the American River College website. The website highlights student accomplishments and participation in campus and EOP&S program activities. I understand that I will receive no monetary payment now nor in the future for the reproduction of these photographs.

Submission of an incomplete application and/or falsification will result in your application being denied or withdrawn.

Student Signature

Date

OFFICE USE ONLY

Term: _____ Year: _____

Eligibility Factors

A. Placement Result

ENG _____

MATH _____

ESL _____

B. No high school diploma/GED, or High school proficiency

C. High school GPA _____

D. Remedial Course Comp. _____

E. Educationally Disadvantaged

Units Planned: _____

DSPS Units Planned: _____

Financial Aid

CCPG Type: A B C

FA Home College: _____

SAI Amount: \$ _____

EOP&S Coordinator/Designee:

Signature

Date: ____ / ____ / ____

CARE YES NO

NEXTUP YES NO

EOPS TRANSFER YES NO



EOP&S
CARE/NEXTUP
SUPPORT SERVICES
AMERICAN RIVER COLLEGE

myeops@arc.losrios.edu
(916) 484-8128