



# EOPS/CARE & CalWORKs Application Appeal

*In order to appeal the application deadline date for EOPS/CARE and/or CalWORKs, you must complete this form and submit it in person or via email to [eops@barstow.edu](mailto:eops@barstow.edu). Incomplete or late submissions will not be accepted, no exceptions. An email notification of the status of your application appeal will be sent to your student email @my.barstow.edu.*

***All application appeals will only be reviewed two weeks after the initial applications closed.***

Full Name: \_\_\_\_\_ B Number: \_\_\_\_\_

I am submitting this appeal for the term of:            Spring 20 \_\_\_\_\_            Fall 20 \_\_\_\_\_

### REASON FOR APPEALING

Please select the reason you are submitting the Application Appeal:

Submitted FAFSA and waiting for Financial Aid Office

Other (please specify): \_\_\_\_\_

Please read and acknowledge the following:

I understand that by submitting this form, I am only appealing to extend the application deadline date.

I understand that by submitting the appeal form, it does not guarantee acceptance into the EOPS/CARE and/or CalWORKs program(s).

I understand that if granted an extension, I must provide all additional documentation requested by stated date.

I understand that I will be notified to my student email @my.barstow.edu regarding the status of my appeal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

\_\_\_\_\_  
EOPS/CARE Director Signature

Approved

Denied

\_\_\_\_\_  
EOPS/CARE Staff Initials

\_\_\_\_\_  
Emailed Date

\_\_\_\_\_  
Date documentation  
must be received