

EOP Recommendation Help Form

Student: Please fill out the sections below so that the recommender can give you a **detailed recommendation**

Student Name _____

1. Do you qualify for any of the following? (Circle all that apply)

- Public Assistance
- Medi-Cal
- Federally subsidized housing
- Free or reduced lunch
- First-generation college student

2. What is the total size of your family? Please list all family members including parents and siblings:

3. What EOP services would benefit you? EOP services vary by campus. (Please circle all that you feel would help you to attain your college degree)

- Peer mentoring
- Academic advising
- Summer Bridge
- EOP grant funding
- Orientation Sessions
- Book lending program

4. What qualities do you feel best describes your personality and you as a person?

5. What are your parents' jobs?

6. What is your family background? Are you a First-generation college student? Are there any economic barriers that you have faced?

7. Do you feel that you have had any barriers to your academic achievements?
