

Participant Information

Legal First Name _____ M.I. _____ Legal Last Name _____
 Social Security Number _____ Date of Birth (mm/dd/yyyy) ____/____/____ Age ____
 Mailing Address _____ City _____ State _____ Zip _____
 Student's Email _____ Student's Phone _____ Cell Home
 Parent's Email _____ Parent's Phone _____ Cell Home

Background Information

Gender at Birth: Male Female Marital Status: Single Married Citizenship: US Citizen Permanent Resident Refugee

Are you a veteran or active military? Yes No Are you proficient in English? Yes No

What is your ethnicity? What is your race?
 Hispanic or Latino American Indian/Alaskan Native Black/African American Asian
 Not Hispanic or Latino Native Hawaiian/Pacific Islander White/Caucasian

Did your parents get a Bachelors Degree in the United States before you were 18? Parent 1 Parent 2 Neither Were you an emancipated minor or did you have a court appointed legal guardian? Yes No

Do you have a parent or guardian? Yes No After the age of 13, were you an orphan, in foster care, or a ward of the court? Yes No

Do you have children or other dependents (besides your spouse) for whom you supply more than half of their support? Yes No Are you homeless (i.e., you lack a fixed, regular, and adequate nighttime residence) or are you at risk of being homeless? Yes No

Household Income Information (Required by U.S. Dept. of Education)

Number of people living in Household: _____ (include yourself)
 Taxable Income (refer to IRS 1040 & 1040-SR line 15), or Annual Take-home Pay (after taxes) if you did not file:
 \$0-\$22,590 \$22,591-\$30,660 \$30,661-\$38,730 \$38,731-\$46,800
 \$46,801-\$54,870 \$54,871-\$62,940 \$62,941-\$71,010 \$71,011-\$79,080

Education

What is your highest level of education?
 Did Not Finish High School
 Enrolled in GED Program (Where: _____)
 Current High School Student (Where: _____)
 HS/GED Graduate (Year: _____ State: _____)
 Some College, Not Enrolled (Where: _____)
 Enrolled College Student (Where: _____)
 Associates/Certificate Graduate (Where: _____)
 Enrolled in Bachelors Program (Where: _____)

Where do you plan to enroll? _____
 Year: _____ Semester: Fall Spring Summer

Service Needs

Indicate your level of need for each of the following advisory services.

	Low	Medium	High
Admissions Application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Aid Application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Advising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College Transfer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ESL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Certification and Signatures

I/We give permission for my dependent to attend EOC activities.
 I/We certify that all the above information is true and complete to the best of our knowledge.
 I/We authorize the release of my high school and college records (transcripts, standardized tests scores, PowerSchool records, special needs documentation, enrollment status); and financial aid information from colleges and the federal government to the TRIO Educational Opportunity Center (EOC).

Participant Signature _____
 Parent/Guardian Signature _____

I/We understand that the completion of this application will be held in confidence by the EOC program and give permission to the EOC to keep copies of financial aid information, college admissions and scholarship applications in my file.
 I/We understand that the completion of this application does not guarantee acceptance in the EOC program.
 I/We authorize the use of my photograph in EOC publications and media releases to the EOC program.

Date _____
 Date _____

Office Use Only

Eligibility:

- Both First Generation Low-Income Neither

Currently enrolled in any other TRIO Programs:

- Upward Bound Veterans UB Talent Search GEAR UP SSS

Minor (Under Age 18):

- Yes No Independent (Reason: _____)

If yes, has a parent signed the application?

- Yes No

Income Verification:

- Signature (non-dependent) Parent Signature FAFSA
 Tax Return CSI None

EOC Advisor Initial: _____

Director Initial: _____

Date Entered Into Database: _____

Notes

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