

TRIO EOC Application

Parent/Guardian Signature _____

Participant Information									
Legal First Name	M.I	I Legal l	_ast Name .						
Social Security Number Date of			f Birth (mm	Birth (mm/dd/yyyy)//			Age		
Mailing Address									
Student's Email Student's									
Parent's Email Parent's Pl									
Background Information		raieiits	Friorie			Ocen O	потте		
Gender at Birth: O Male	e O Female Marital St	atus: OSingle (O Married	Citizenship: OUS (Citizen (O Permanei	nt Resident	O Refuge	
Are you a veteran or a	ctive military? OYes ONC	Are you p	proficient in	n English? OYes ON	10				
What is your ethnicity?									
O Hispanic or Latino O Not Hispanic or La				k/African American te/Caucasian	O Asiar	1			
	Bachelors Degree in the L □ Parent 1 □ Parent 2 I			an emancipated mindian? O Yes O No	or or did	you have a	court appo	ointed	
				After the age of 13, were you an orphan, in foster care, or a ward of the court? O Yes O No					
				Are you homeless (i.e., you lack a fixed, regular, and adequate nighttime residence) or are you at risk of being homeless? OYes ONO					
Number of people livir	formation (Required by U.S ng in Household:(i o IRS 1040 & 1040-SR line 15),	nclude yourself)		(after taxes) if you did	not file:				
	• \$21,871-29,580		-	-					
Education	- 40-/ 400/	2 4 2 2 7		e Needs					
What is your highest le	evel of education?			e your level of need	for each	of the follo	wing adviso	orv service	
	gh School (Where:)			Low	Medium	_	o., oo	
			Adn	nissions Application	O	O	O		
☐ EnrolledinGED/HSEProgram(Where:) ☐ Current High School Student (Where:)				incial Aid Application	0	0	0		
☐ GED/HSE Graduate (Year: State:)				olarships	0	0	0		
	oma (Year: State:			rkforce Training	0	0	0		
☐ Some College/Postsecondary (Where:)			GEE)	0	0	0		
Associates Degree or Certificate (Where:)			Aca	demic Advising	0	0	0		
☐ Enrolled in Bachelors Program (Where:)			Col	lege Transfer	0	0	0		
Where do you plan to enroll?			Fina	ncial Literacy	0	0	0		
	enrou? mester: 🗆 Fall 🗀 Spring		ESL		0	0	0		
Certification and Signa		Julililei	Oth	er:	0	0	0		
I/We give permission for I/We certify that all the a to the best of our know	r my dependent to attend EOC above information is true and c	complete	confi copie	understand that the comidence by the EOC proges of financial aid informications in my file.	ram and	give permissi	on to the EC	C to keep	
(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).			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.						
Participant Signature				Date					