

EDUCATIONAL OPPORTUNITY CENTER PARENT'S OR GUARDIAN'S PERMISSION

Your dependent student is applying for services from the TRIO Educational Opportunity Center. To determine eligibility, we must verify household income for all dependents under the age of 24.

Student's Name	- · · · · · · · · · · · · · · · · · · ·	,	
Student's Name_			
Household Income Information (Required by the U.S. Department of Education)			
Number of people living	g in Household:(i	nclude yourself)	
Taxable Income (refer to	IRS 1040 & 1040-SR line 15),	or or Annual Take-home P	ay (after taxes) if you did not file:
O \$0-\$21,870	O \$21,871-29,580	O \$29,581-\$37,290	O \$37,291-\$45,000
O \$45,001-\$52,710	O \$52,711-\$60,420	O \$60,421-\$68,130	O \$68,131-\$75,840
Certification and	Signatures (Required	d for Students Under ag	e 18)
I/We certify that all	the above informatic	n is true and complete	e to the best of our knowledge.
I/We certify that the	e information provide	d concerning citizens	hip is accurate.
	ool records, special r	9	ords (transcripts, standardized tests and enrollment status) to the Educational
I/We give permission in my file.	on EOC to keep copie	es of financial aid infor	mation and college admission applications
I/We give permission for my dependent to attend EOC activities.			
I/We authorize the federal government		e of the student financ	cial aid information from colleges and
I/We understand that the completion of this application does not guarantee acceptance in the EOC program.			
I/We understand that the completion of this application will be held in confidence by the EOC program.			
I/We authorize the use of my photograph in EOC publications and media releases to the EOC program.			
I/We understand that if I need accommodation for a disability to participate in EOC, or any of its scheduled activities, I must contact the Educational Opportunity Center.			
Parent's or Guard	lian's Signature		