

TRIO Educational Opportunity Center is funded through the US Department of Education and is required to record the following information. It is confidential and cannot be shown to anyone without your permission. Thank you for your cooperation!

Contact Info

SS# _____ - _____ - _____ Date ____/____/____

Name: _____
 First Name MI Last Name Suffix (Sr, Jr, II, III, IV, etc)

Mailing Address: _____
 Street Address City State Zip

(____) _____ (____) _____ e-mail: _____

Tel 1: home, work, cell, other Tel 2: home, work, cell, other

Personal Profile

1. Date of Birth: ____/____/____ 2. Age: ____ 3. Gender: Female Male

4. What is your ethnicity? (check one) What is your race? (check all that apply)

Not Hispanic or Latino American Indian or Native Alaskan Native Hawaiian or Pacific Island
 Hispanic or Latino Asian White
 Black or African American

5. Marital Status: Single Married Divorced Widowed Separated

6. Citizenship Status – I am a: US Citizen Permanent Resident Asylee or Refugee

7. Is English your primary language? Yes No 8. Are you proficient in English? Yes No

9. Where were you born? _____

10. Are you a veteran? Yes No ~OR~ Are you on active military duty? Yes No

11. Is your parent on active military duty? Yes No Is your spouse on active military duty? Yes No

Assessments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. Need help with college application process	1	2	3	4	5
2. Need help filling out financial aid application	1	2	3	4	5
3. Need assistance to search for scholarships	1	2	3	4	5
4. Need academic advising	1	2	3	4	5
5. Need help with courses selection.....	1	2	3	4	5
6. Need GED enrollment/completion.....	1	2	3	4	5

How Do You Hear About TRIO EOC?

____ Friend/Relative ____ Postcard
 ____ TV Ad ____ Library
 ____ Leaflet/Poster ____ Presentation
 ____ Newspaper ____ Internet
 ____ Radio ____ Agency/School*
 Others _____

How can TRIO EOC help you?

____ GED Information ____ Admissions Application
 ____ ESL Information ____ Financial Aid Application
 ____ Training Program Info ____ Student Aid Report
 ____ Career Counseling ____ Transfer Information
 ____ Academic Advising ____ Defaulted Student Loan Info
 ____ College Info ____ Financial Literacy Info

Eligibility	12. Family Size	13. Taxable household income last year: 1040–line 43; 1040A–line 27; or 1040EZ–line 6			Type of Income
		___ \$ 0 - \$18,210	___ \$31,171 - \$37,650	___ \$50,611 - \$57,090	___ Employed
		___ \$18,211 - \$24,690	___ \$37,651 - \$44,130	___ \$57,090 - \$63,570	___ FIP
		___ \$24,691 - \$31,170	___ \$44,131 - \$50,610	___ \$ _____	___ Soc Sec ___ Unemployed

. Did your parents graduate from 4-year College before you turned 18? Parent 1 Parent 2 Neither

Certification and Signatures

- I/We certify that all the above information is true and complete to the best of our knowledge.
- I/We certify that the information provided concerning citizenship is accurate.
- I/We authorize the release of my high school and college records (transcripts, standardized tests scores, PowerSchool records, special needs documentation, and enrollment status) to Educational Opportunity Centers
- I/We authorize the release and exchange of the student financial aid information from colleges and federal government to EOC.
- 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 Educational Opportunity Centers a
- I/We give permission EOC to keep copies of FSA ID, financial aid information, and college admission application in my file
- I/We give permission for my dependent to attend EOC activities.

Student Signature _____ **Date** _____

Parent/Guardian Signature (If under 24 years old) _____ **Date** _____

Educational Status

STOP! Section below to be completed by Advisor ONLY!

Highest Grade Level Participant has Completed: (check all that apply)

High School diploma? _____ **or a GED?** _____ **Where graduated from:** _____
Certificate program? _____ **In what field or subject area?** _____
Associates Degree? _____ **Bachelors Degree?** _____ **Masters Degree?** _____

Current and Prior Enrollment Information:

- 1) Participant is **currently senior in High School?** Yes No **Where?** _____
- 2) Participant is **enrolled in an alternative diploma program?** Yes No **Where?** _____
- 3) Participant is **enrolled in a GED program?** Yes No
 - a. **Where?** _____
 - b. **How many GED tests has participant passed?:** 1 2 3 4 5 (circle one)
- 4) Participant **was enrolled** in postsecondary in the past? Yes No **Where?** _____ **When last enrolled?** _____
- 5) Participant is **registered** in program of postsecondary education? Yes No **Where?** _____

Postsecondary Enrollment Plans - Participant plans to enroll:

Where: _____ **Semester:** Year 20_____ Fall Spring Summer

Is the participant currently enrolled in any of the following Federal funded program? (Please indicate others if applies):
 Upward Bound Upward Bound MS Veterans Upward Bound Talent Search GEAR UP
 Other _____

*****EOC OFFICE USE ONLY*****
 LEP (Limited English Proficiency) First Generation Low-Income Both Other (Neither) - EOC Advisor(date & initial) _____
 Director Approval _____ On Data Base _____