



EOC/CB

EDUCATIONAL OPPORTUNITY CENTER | A Division of Educational Partners

Educational Opportunity Center Program Application Cover

Educational Opportunity Center (EOC) is funded through a TRIO Grant sponsored by the U. S. Department of Education (DOED). DOED requires us to collect information requested on this form in order to participate in the EOC program. This information is used to establish your eligibility to receive free services and to verify your need for services. Your Information is protected by the Privacy Act and will only be shared with the DOED. It will not be shared with any other agency without your written permission.

If you are not willing to complete this application in its entirety, please return it to the EOC Specialist.

Thank you for the opportunity to serve you.

<input type="checkbox"/> Eligible
<input type="checkbox"/> Not Eligible

<input type="checkbox"/> New
<input type="checkbox"/> Continuing

Office Use Only			
<input type="checkbox"/> Low Income/First Generation <input type="checkbox"/> Low Income Only <input type="checkbox"/> First Generation Only <input type="checkbox"/> Other	<i>Verification</i> <input type="checkbox"/> SAR <input type="checkbox"/> ADC/Food Card <input type="checkbox"/> Notarized Letter <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Tax Forms <input type="checkbox"/> W2	<input type="checkbox"/> Child Support <input type="checkbox"/> Agency Letter <input type="checkbox"/> Self Validation <input type="checkbox"/> Release Form <input type="checkbox"/> Other	Participant Name: Specialist Name: Date:



Section 1 Student Information ***Participant's SS# is Required to Process the Application***

Name:			
Social Security Number:	Student ID (if applicable):	Date of Birth:	Age:
Mailing Address (Number and Street, Include Apt Number):			
City:	State:	Zip Code:	Home Phone Number:
Your E-mail Address:			Cell Phone Number:

EOC has my permission to contact me through the following forms of communication:

- Regular Mail
 Email
 Home Phone
 Cell Phone
 Text Message

Section 2 Income Verification

Size of Household	Annual TAXABLE Family Income	Sources of Taxable Income (Check ALL that Apply)	Other Resources (Check ALL that Apply)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Other: _____	<input type="checkbox"/> \$ ADC/GR/SSI <input type="checkbox"/> \$ 0 – 19,320 <input type="checkbox"/> \$ 19,321 – 26,130 <input type="checkbox"/> \$ 26,131 – 32,940 <input type="checkbox"/> \$ 32,941 – 39,750 <input type="checkbox"/> \$ 39,751 – 46,560 <input type="checkbox"/> \$ 46,561 – 53,370 <input type="checkbox"/> \$ 53,371 – 60,180 <input type="checkbox"/> \$ 60,181 – 66,990 <input type="checkbox"/> \$ Over 66,990 (List: _____)	<input type="checkbox"/> Employment-Full/Parttime <input type="checkbox"/> Spouse Employment <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Retirement <input type="checkbox"/> NO TAXABLE INCOME	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Student Financial Aid <input type="checkbox"/> Housing Allowance <input type="checkbox"/> Other: _____ <input type="checkbox"/> NO OTHER RESOURCES
		<i>Please Check:</i> I hereby certify, under penalty of perjury, that my taxable income <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT fall within the listed income guidelines.	

Section 3 First Generation Status and Demographic Information

Have you ever received services from the Educational Opportunity Center? <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No	
Did either parent receive a 4-year (Bachelors) degree from a college or university before you were 18? <input type="checkbox"/> Mother Only <input type="checkbox"/> Father <input type="checkbox"/> None	
Are/were you a(n): <input type="checkbox"/> Orphan <input type="checkbox"/> Ward of Court <input type="checkbox"/> Emancipated Minor <input type="checkbox"/> In Legal Guardianship <input type="checkbox"/> In Foster Care <input type="checkbox"/> N/A	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is English your first/primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity (Check ALL that apply): <input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____	
Your Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Your Marital Status: Date: _____ <input type="checkbox"/> N/A
Disability Status: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Vision/Hearing <input type="checkbox"/> Physically <input type="checkbox"/> Emotionally <input type="checkbox"/> Learning	
Citizenship Status: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident-Alien Registration # _____ <input type="checkbox"/> Non-Citizen	
Military Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Reserve <input type="checkbox"/> Spouse of Active Duty <input type="checkbox"/> Dependent of Active Duty	

Section 4 Participant Status

Please Checkmark any other Federally Funded Programs you currently participate in:

Talent Search (TS)
 Educational Opportunity Center (EOC)
 GEAR UP
 Student Support Services
 Upward Bound (UB)
 Upward Bound (UBMS)
 Veterans Upward Bound (VUB)
 Other: _____



Section 5 Academic Status

<i>Secondary School Academic Status (CHOOSE ONLY ONE)</i>	<i>Post-Secondary School Status (CHOOSE ONLY ONE)</i>
<input type="checkbox"/> Currently Enrolled in Middle/High School School Name: _____ Grade: _____ Anticipated Graduation Date: _____	<input type="checkbox"/> No College/Training
<input type="checkbox"/> High School Graduate School Name: _____ Graduation Date: _____	<input type="checkbox"/> Currently Enrolled in College/Training Program School Name: _____ Graduation Date: _____
<input type="checkbox"/> High School Dropout School Name: _____ Last Grade Completed: _____	<input type="checkbox"/> Stopped College/Training School Name: _____
<input type="checkbox"/> Currently Enrolled in GED/Alternative Education Program Program Name: _____ Anticipated Completion Date: _____	<input type="checkbox"/> Completed Associate Degree/Technical Program/Certificate School Name: _____ Graduation Date: _____
<input type="checkbox"/> Obtained GED/Alternative Education Certificate Completion Date: _____	<input type="checkbox"/> Completed Bachelor Degree School Name: _____ Graduation Date: _____

Section 6 Participant Needs Assessment

Please Check ALL that you would like assistance with or information

<input type="checkbox"/> GED Information	<input type="checkbox"/> Choosing School/College
<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> College Admission Application Assistance
<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> College Placement Exams
<input type="checkbox"/> FAFSA (Verification, Loan Counseling & Application, etc)	<input type="checkbox"/> Loan Default Assistance (Consolidation, Rehabilitation, etc)
<input type="checkbox"/> Career Testing	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Career Exploration/Information	<input type="checkbox"/> Other: _____

If you are under 21 years old, please provide your parent(s) full name(s):

Parent 1	Parent 2

Section 7 Verification of Need and Signature

I attest that I was referred to this program and/or I need help navigating the college going process: Yes No **Initials:** _____

I understand that the information on this form will be used to determine my eligibility to participate in the Educational Opportunity Center (EOC)/College Bound (TS) Program and will only be used for statistical purposes. All personal information is kept confidential and only viewed by EOC Staff and U.S. Department of Education as required by Federal Regulations. I attest to the accuracy and truthfulness of this information and have completed this form in its entirety.

Signature:	Date:
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EOC/CB

Educational Opportunity Center & College Bound

The Educational Opportunity Center (EOC) Program is funded through a TRIO grant by the United States Department of Education. The U.S. Department of Education requires the information requested on this form for all individuals who wish to participate. Your information is kept confidential and is protected by the Privacy Act.

I, _____, attest the information below is correct to (participant name)

the best of my knowledge.

Please select the number of people living in your household (including yourself).

- checkbox (1) checkbox (2) checkbox (3) checkbox (4) checkbox (5) checkbox (6) checkbox (7) checkbox (8) checkbox (Other: ____)

Please select the level of Annual Taxable Family Income that reflects your household (Taxable family income includes employment, unemployment, worker's compensation, retirement, and taxable social security benefits).

- checkbox \$0 -19,320 checkbox \$19,321-26,130 checkbox \$26,131-32,950 checkbox \$32,951-39,750 checkbox \$39,751-46,560 checkbox \$46,561-53,370 checkbox \$53,371-60,180 checkbox \$60,181-66,990 checkbox Over \$66,990 (please list) \$_____

Please select any other resources you or anyone in the household receives

- checkbox Untaxed Social Security checkbox Disability checkbox Food Stamps checkbox Welfare checkbox WIC checkbox Other (please list: _____)

I understand the information on this form is used to determine the student's eligibility to participate in the Educational Opportunity Center Program and will only be used for statistical and follow-up purposes. I certify this form was filled out correctly to the best of my knowledge.

Participant Signature

Date



EOC/CB

EDUCATIONAL OPPORTUNITY CENTER & COLLEGE BOUND

Name: _____

Request for College and Career Information

If there are college(s) and/or career(s) you are interested in receiving more information about, please list them below. The information will include the school's name, address, general information, special programs offered, admission requirements, housing and cost and financial aid. The information will also include an overview, task list, common work activities, working conditions, physical demands, skills and abilities, wages, employment outlook and advancement opportunities.

Colleges(s)

1. _____
2. _____
3. _____

Career(s)

1. _____
2. _____

