

Project Year

Confidential Application for Program Services

Name: _____ SID# _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

County: _____ Telephone: _____ E-mail: _____

Marital status: Single Married Divorced Widowed Separated Date if married, separated, divorced, or widowed: _____

Gender: Male Female Which one of your parents completed a 4-yr degree? Neither Father Mother Both

Are you currently a participant in another TRIO program? Yes No

If yes, which program are you a participant? _____

Are you a veteran of the U.S. Armed Forces? Yes No Active Duty? Yes No

Are you the Spouse or Child of active duty military? Spouse Child

Are you a U.S. citizen? Yes No If no, are you an eligible non-citizen? Yes No

Alien Registration Number A- _____ Since (date): _____

Ethnic Category: Hispanic or Latino Not Hispanic

Race: (check all that apply) American Indian or Alaska Native Asian Black or African American White / Caucasian
 Native Hawaiian or Other Pacific Islander Other _____

LEP - Is English your first language? Yes No

FINANCIAL STATUS	HIGHEST LEVEL OF EDUCATION	SERVICES NEEDED
<input type="checkbox"/> Independent Student <input type="checkbox"/> Dependent Student <input type="checkbox"/> Senior in High School What is the size of your family household? 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+ Family's Total Taxable Income* <input type="checkbox"/> 20,385 or less <input type="checkbox"/> 48,705 – 55,785 <input type="checkbox"/> 20,385 – 27,465 <input type="checkbox"/> 55,785 – 62,865 <input type="checkbox"/> 27,465 -34,545 <input type="checkbox"/> 62,865 – 69,945 <input type="checkbox"/> 34,545 – 41,625 <input type="checkbox"/> 69,945 – or more <input type="checkbox"/> 41,625 – 48,705 <input type="checkbox"/> Did not have to file Household Funding Sources <input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> TANF <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Medicaid <input type="checkbox"/> Public Housing <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Monthly Amt? _____	<input type="checkbox"/> Senior in High School Where? _____ <input type="checkbox"/> High School Graduate Where? _____ <input type="checkbox"/> Enrolled in GED Program Last Grade Attended and School _____ <input type="checkbox"/> GED Graduate Year? _____ <input type="checkbox"/> Neither HS or GED Graduate <input type="checkbox"/> Enrolled in Postsecondary Where? _____ <input type="checkbox"/> Attended College Where? _____ <input type="checkbox"/> Graduated Postsecondary Institution: _____ College & Career of choice: _____	<input type="checkbox"/> GED Classes / Test <input type="checkbox"/> Career Information <input type="checkbox"/> Financial Literacy Information <input type="checkbox"/> Admissions / Application Assistance <input type="checkbox"/> Financial Aid Assistance <input type="checkbox"/> FAFSA Verification Assistance <input type="checkbox"/> FAFSA Award Review <input type="checkbox"/> Enrollment / Course Selection <input type="checkbox"/> Academic Coaching / Counseling <input type="checkbox"/> Entrance Exam Prep <input type="checkbox"/> High School Transcript <input type="checkbox"/> GED Transcript <input type="checkbox"/> Postsecondary Transcript <input type="checkbox"/> Financial Aid Suspension Appeal <input type="checkbox"/> Academic Suspension Appeal <input type="checkbox"/> Defaulted Student Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Certification and Signature

I certify that all of the above information is true and completed to the best of my knowledge	I certify that the information provided concerning citizenship is accurate	I certify that the information provided concerning taxable income is accurate
I authorize the release of my college records to EOC TRIO Program	I understand that the completion of this application does not guarantee acceptance in the EOC program	I authorize the use of my photograph in TRIO EOC publication and media releases
I understand that in order to receive SWTJC- EOC Services, I must provide proof of income. The SWTJC- Educational Opportunity Center is authorized to access or release family income, admissions, academic and/or financial aid information deemed necessary to assist me in achieving my educational goals or in meeting the program reporting requirements of the US Department of Education. A copy of this signed statement shall serve as authorization for the release/sharing of information.		

Signature _____ Date _____

Parent signature _____ Date _____

Attachment S Statement:

SWTJC- TRIO Educational Opportunity Center is 100% federally funded by the U.S. Department of Education. The SWTJC- EOC annual budget is \$273,793.00 to serve 1000 participants, who are from SWTJC service area Counties that are non-traditional, low-income, first generation college students, and students that have disabling conditions.

Participant Individual Education Plan

EDUCATIONAL GOALS:

- Obtain a High School Diploma _____
- Obtain a GED Certificate _____
- ESL tutorials/classes _____
- Obtain a Technical Certificate _____
- Obtain an Associate's Degree (AA or AAS) _____
- Obtain a Bachelor's degree _____
- Other _____

EDUCATIONAL ADVISEMENT NEEDED:

- GED classes and testing _____
- ESL tutorials _____
- Careers and training requirements _____
- College entrance exams/assessments _____
- Assistance in locating college/university of choice _____
- Assistance in completing college admission application(s) _____
- Assistance in completing Federal Financial Aid application (FAFSA) _____
- Other _____

Career Interest:

- First Choice: _____
- Second Choice: _____
- Undecided: _____

Student's Signature

Date