



Confidential Application for Program Services

First & Middle Name: _____ **Last Name:** _____ **Social Security Number:** _____ **Date of Birth:** _____ **Age:** _____

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 Non-binary/Another-gender **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 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"/> 22,590 or less <input type="checkbox"/> 54,871 – 62,940 <input type="checkbox"/> 22,591 – 30,660 <input type="checkbox"/> 62,941 – 71,010 <input type="checkbox"/> 30,661 - 38,730 <input type="checkbox"/> 71,011 – 79,080 <input type="checkbox"/> 38,731 – 46,800 <input type="checkbox"/> 79,081 – or more <input type="checkbox"/> 46,801 – 54,870 <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"/> Postsecondary Transfer assistance <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 \$284,745.00 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

Participant Educational Benefit

Date:

Name

Student ID:

<p>Educational Benefit of Service - Ref: 644.32 (c)</p> <ul style="list-style-type: none"><input type="checkbox"/> Tutoring<input type="checkbox"/> Test & study skills Development<input type="checkbox"/> Career and Personal Counseling<input type="checkbox"/> Academic Advising<input type="checkbox"/> Financial Aid<input type="checkbox"/> Admission<input type="checkbox"/> Placement Exams<input type="checkbox"/> College Orientation Activities<input type="checkbox"/> Referrals	<p>Remarks:</p> <p>Participant Signature:</p>
---	--

Date:

<p>Educational Benefit of Service - Ref: 644.32 (c)</p> <ul style="list-style-type: none"><input type="checkbox"/> Tutoring<input type="checkbox"/> Test & study skills Development<input type="checkbox"/> Career and Personal Counseling<input type="checkbox"/> Academic Advising<input type="checkbox"/> Financial Aid<input type="checkbox"/> Admission<input type="checkbox"/> Placement Exams<input type="checkbox"/> College Orientation Activities<input type="checkbox"/> Referrals	<p>Remarks:</p> <p>Participant Signature:</p>
---	--

Date

<p>Educational Benefit of Service - Ref: 644.32 (c)</p> <ul style="list-style-type: none"><input type="checkbox"/> Tutoring<input type="checkbox"/> Test & study skills Development<input type="checkbox"/> Career and Personal Counseling<input type="checkbox"/> Academic Advising<input type="checkbox"/> Financial Aid<input type="checkbox"/> Admission<input type="checkbox"/> Placement Exams<input type="checkbox"/> College Orientation Activities<input type="checkbox"/> Referrals	<p>Remarks:</p> <p>Participant Signature:</p>
---	--

Date

<p>Educational Benefit of Service - Ref: 644.32 (c)</p> <ul style="list-style-type: none"><input type="checkbox"/> Tutoring<input type="checkbox"/> Test & study skills Development<input type="checkbox"/> Career and Personal Counseling<input type="checkbox"/> Academic Advising<input type="checkbox"/> Financial Aid<input type="checkbox"/> Admission<input type="checkbox"/> Placement Exams<input type="checkbox"/> College Orientation Activities<input type="checkbox"/> Referrals	<p>Remarks:</p> <p>Participant Signature:</p>
---	--



Participant Ending Status Report



Name: _____

<p>ENDING SECONDARY STATUS</p> <p><input type="checkbox"/> Enrolled in GED/HSE</p> <p><input type="checkbox"/> Not enrolled in GED/HSE</p> <p><input type="checkbox"/> In secondary school 12th grade only</p> <p><input type="checkbox"/> Received H.S. diploma</p> <p><input type="checkbox"/> Obtained GED/HSE</p> <p><input type="checkbox"/> Applied for Financial Aid</p> <p><input type="checkbox"/> Applied for Admission</p> <p><input type="checkbox"/> Referrals:</p>	<p>Date: _____</p> <p>Other explained: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Staff Initials: _____</p>
---	--

<p>ENDING POSTSECONDARY STATUS</p> <p><input type="checkbox"/> Enrolled in GED/HSE & postsecondary</p> <p><input type="checkbox"/> Not enrolled in GED/HSE & in college</p> <p><input type="checkbox"/> Postsecondary admission</p> <p><input type="checkbox"/> Postsecondary transfer/re-entry</p> <p><input type="checkbox"/> Postsecondary persistence</p> <p><input type="checkbox"/> Applied for admission</p> <p><input type="checkbox"/> Applied for financial aid</p> <p><input type="checkbox"/> Referrals:</p>	<p>Date: _____</p> <p>Other explained: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Staff Initials: _____</p>
---	--

PARTICIPANT ELIGIBILITY

First Generation & Low Income	_____
Potential First Generation Only	_____
Low Income Only	_____
Other	_____
Not Eligible	_____

EOC SPECIALIST AUTHORIZATION SECTION

EOC Specialist signature: _____ Date: _____

Project Year: _____

Project Year _____

STATEMENT OF FAMILY INCOME

CLIENT NAME _____ Independent Dependent
 PARENT NAME (If Minor or Dependent) _____
 NUMBER IN HOUSEHOLD _____

I (or my dependent) applied for services from the SWTJC Educational Opportunity Center (SWTJC EOC) and in order to satisfy Department of Education requirements to document family income, I certify that the following is true and correct to the best of my knowledge:

I, the Parent, am not required to file a Tax Return

My household is not required to file a Tax Return

The source(s) of income for 2023 were (check all that apply)

- Wages from employment in the amount of \$ _____
- SSI/Other Social Security Benefits in the amount of \$ _____
- Child Support in the amount of \$ _____
- Other Sources: _____ \$ _____

TOTAL INCOME FOR 2023 was: \$ _____

My household did or will file a 2023 tax Return, but no copy is available.

FILING STATUS	ADJUSTED GROSS INCOME	-	STANDARD DEDUCTION	=	TAXABLE INCOME
<input type="checkbox"/> Single	\$	-	\$ 13,850	=	\$
<input type="checkbox"/> Head of household	\$	-	\$ 20,800	=	\$
<input type="checkbox"/> Married Joint Return / Widowed with Dependent	\$	-	\$ 27,700	=	\$
<input type="checkbox"/> Married Filing Separately	\$	-	\$ 13,850	=	\$

COMMENTS: _____

The SWTJC-EOC representative has assured me that the information provided herein is considered **confidential** and is used only to determine eligibility for EOC services or other income-based opportunities that I, or my dependent, may seek.

Signature _____
 Client Parent of Minor/Dependent Client

Date _____