

TRIO Educational Opportunity Center Application 2019-2020



(Please print clearly, complete entire application, and use BLUE or BLACK ink.)

DATE _____

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Address: _____ Apt: _____

City _____ State _____ Zip Code _____

Personal Email: _____

Student Phone: _____ Text Yes No

SM (circle one: FB, Twitter, SC, IG)@ _____

Student Date of Birth: _____ Age: _____

Gender: Male Female

Do you have a parent on active military duty? Yes No

Do you have a documented disability? Yes No

Are you a current participant in another TRIO program? Talent Search, Upward Bound, Student Support Services? Yes No

Emergency Contact Name and Number _____

ETHNIC BACKGROUND

Hispanic/Latino African American

Asian White/Caucasian

Native American

Other: _____

Do you have difficulty speaking English? Yes No

U.S. Citizen: Yes No

Permanent Resident (Green card) Yes No

Social Security/Permanent Resident Number: _____

INCOME VERIFICATION

Documentation of income is required by the federal government in order to receive program funding. All applicant information is kept in strict confidence and not released.

If you answered **YES** to any of the questions in the Determination of Dependency status section answer the following questions about **YOURSELF**

If you answered **NO** to all questions in the Determination of Dependency Status section answer the question for **YOUR PARENTS**

What is the total number of persons, including you claimed on your income taxes?

What was the family's income last year?

I DO NOT FILE TAXES

\$0-\$18,735

\$18,736---\$25,365 \$25,366---\$31,995

\$31,996---\$38,625 \$38,626---\$45,255

\$45,256---\$51,884 \$51,885---\$58,514

\$58,515---\$65,145 \$65,146+

DETERMINATION OF DEPENDENCY STATUS

The following questions pertain to the student applicant. If you answer **YES** to any of the questions, the income verification section will be based on your (the student's) income. If you answer **NO**, the income verification will be the parent's information.

Will you be at least 24 years of age before December 31st? Yes No

At any time since you turned 13, were you an orphan, in foster care, or a ward of the court? Yes No

As of today, are you (the student) legally married? Yes No

Do you (the student) have children or dependents (other than spouse) who receive more than half of their support from you? Yes No

Are you homeless (i.e. you lack a fixed, regular and adequate night time residence) or at risk of being homeless? Yes No

OFFICE NUMBER: 713.718.6330/FAX: 713.718.5309/EMAIL: HCC.TRIOEOC@HCCS.EDU

MAILING ADDRESS: 6815 RUSTIC, HOUSTON, TX 77087

All program services are FREE

EDUCATION

Current Education Level (select ONE): No HS diploma or GED HS Senior HS Graduate GED

Currently Enrolled in GED College Dropout no HS diploma College Dropout with HS diploma

Current College student Associates Degree Bachelor's Degree

Educational Goals: Please list any educational or career goals you are interested in pursuing: _____

What colleges or vocational/trade schools are you considering? _____

Do either of your parents or legal guardian have a Bachelor's (4-year college) degree? Yes No

NEEDS ASSESSMENT

How can we help you? Please check all of the services you may want to use and/or need.

- | | |
|---|--|
| <input type="checkbox"/> Assistance with applying to college | <input type="checkbox"/> Career exploration |
| <input type="checkbox"/> Assistance with applying for financial aid (FAFSA) | <input type="checkbox"/> College degree and program information |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Information on GED classes and Training |
| <input type="checkbox"/> Budgeting and personal financial planning | <input type="checkbox"/> Tutoring and academic support |

What additional challenges might keep you from going to college or completing a college degree? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Ability to afford college | <input type="checkbox"/> Not sure what steps to take to pursue my career of interest |
| <input type="checkbox"/> No family member has attended college | <input type="checkbox"/> Not sure if I can be successful in college |
| <input type="checkbox"/> Undecided about future career | <input type="checkbox"/> Not sure if I will be accepted to college |
| <input type="checkbox"/> Previous student loan debt | |

ACADEMIC RECORD RELEASE

The FERPA Certification and Release: The Family Educational Rights and Privacy Act or FERPA, was enacted to protect the privacy of student records. I hereby authorize the release of official school records to HCC-TRIO Educational Opportunity Center (EOC), furthermore the release of documents and to obtain documents relative to and consistent with my education. I understand that these records will only be used in planning educational goals and fulfilling EOC's federal documentation requirements. I certify that the information on this form and any attachments are true, complete and accurate to the best of my knowledge. I UNDERSTAND THAT THIS INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.

I understand that the EOC program is designed to assist students who are serious about getting a college education and is willing to work for it. Our staff will work closely with you to provide comprehensive services. As a participant, you will be responsible for the following: Meet with EOC Academic Coach, complete financial aid forms, apply, and enroll in post-secondary education.

DATE: _____

APPLICANT SIGNATURE: _____