



**PARTICIPANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Do you give EOC permission to send text to your cell phone?  Yes  No  
 Indicate if you have recently received services (since September) from any of the following TRIO programs? (Check all that apply):  EOC  UB  TS  SSS

Gender: <input type="radio"/> Female <input type="radio"/> Male	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic or Latino
Citizenship: <input type="radio"/> U.S. Citizen <input type="radio"/> Permanent Resident, if so A# _____ <small>(Please provide copy of your Permanent Resident Card)</small>	Race: (Select all that apply) <input type="radio"/> American Indian/Alaskan <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Caucasian (White) <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Other: _____

Do either of your natural or adoptive parents have a 4-year Bachelor's Degree?  Yes  No  
 Are you a veteran or military connected student?  Yes  No  
 If yes, check all that apply:  Veteran  Active Duty  Spouse of Active Duty  Child of Active Duty Military

**EDUCATIONAL INFORMATION** | **CAREER/EDUCATIONAL/POST-SECONDARY GOALS**

Secondary Education (Check only one)  
 High School Graduate or Received GED.  
 I am currently in High School. Grade: \_\_\_\_ School ID: \_\_\_\_\_  
 Where? \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_  
 I did not finish High School. Highest grade completed: \_\_\_\_\_  
 I am in a GED or Alternative Education Program.  
 Where? \_\_\_\_\_ Anticipated Completion \_\_\_\_/\_\_\_\_ (mm/yy)

Post-Secondary Education (Check all that apply)  
 Never attended college.  
 I am currently attending a college/university.  
 Where? \_\_\_\_\_ School ID: \_\_\_\_\_  
 Anticipated Graduation: \_\_\_\_\_ (mm/yy)  
 Stopped attending college before receiving a certificate or degree.  
 I have a certificate/degree in: \_\_\_\_\_  
 Degree Type:  Certificate  Associate  Bachelors  Masters

Intended Career or Major: \_\_\_\_\_  
Educational Goal(s):  
 High School Diploma  GED  Certificate  
 Associates Degree  Bachelors  Masters/Doctorate

Post-Secondary Goal (Check only one)  
 Enroll in College:  First-Time  Transfer  Re-enroll  
 College(s) Considering: 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 Have you submitted an application for admission?  Yes  No  
 Assigned School ID: \_\_\_\_\_  
 When do you plan to begin? 20\_\_\_\_(Yr.)  Fall  Spring  Summer  
 Continue or finish college

**REQUEST FOR SERVICES** Check the type of services you are seeking from the Educational Opportunity Center.

Academic Advising  College Admissions  GED  Other: \_\_\_\_\_  
 Career Exploration/Planning  Financial Aid/Loans/Scholarships  Veteran Services

**DEPENDENCY STATUS** If you are under age 24 and you respond "No" to all questions below, your parent or guardian must complete the Income section and sign below.

Are you currently married, separated AND/OR do you have children who receive more than half of their support from you?  Yes  No  
 At any time since you turned age 13, were both your parents deceased, were you in foster care OR were you a dependent or ward of the court?  Yes  No  
 Were you determined, by the court of your state of legal residence, to be an emancipated minor or were you in legal guardianship?  Yes  No  
 At any time after July 1, 2018, have you been determined to be an unaccompanied/self-supporting/homeless youth or at risk of being homeless?  Yes  No

**INCOME** Did you or will you file a 2018 Federal Income Tax Return? If "Yes", complete "A" below. If "No", complete "B" below.  Yes  No

**A** Enter your Adjusted Gross Income: \$ \_\_\_\_\_  
 Number of family member's supported by this income: \_\_\_\_\_  
 Enter your Taxable Income: \$ \_\_\_\_\_ OR check the amount below that best matches your Taxable Income. (Taxable Income is found on IRS Form 1040 line 10).  
 \$0 - 18,735  \$31,996 – 38,625  \$51,886 – 58,515  
 \$18,736 – 25,365  \$38,626 – 45,255  \$58,516 – 65,145  
 \$25,366 – 31,995  \$45,256 – 51,885  Over \$65,145

**B** Check all sources earned or received in 2018 and provide a total amount received from January 2018-December 2018 (Check all that apply):  
 Wages/Salary \$ \_\_\_\_\_  
 Public Assistance (TANF) \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Spouse, Partner or parent \$ \_\_\_\_\_  
 SSI/SSDI \$ \_\_\_\_\_  
 Other/Financial Aid Source \$ \_\_\_\_\_  
 Total earned/received from all sources:: \$ \_\_\_\_\_  
 Number of family members supported by this amount: \_\_\_\_\_

**CERTIFICATION**

To the best of my knowledge, the information that I have provided is true, complete, and accurate. As an EOC participant, I will be provided with services that will help me plan and complete my educational and career goals. I agree to work with the EOC to pursue these goals. I authorize the EOC program to release any information contained on this form to any other agency, school, or person that may require such information in order to assist me in completing my goals. I also authorize any public school, educational program and/or postsecondary institution that I have attended to release to Colorado State University EOC, upon their request, information pertaining to my academic, enrollment, and financial assistance record. I also give my permission for the use of my name and/or photograph for editorial promotional, recruitment, or education purposes.

_____	_____	_____	_____
Participant Signature	Date	EOC Staff Signature	Date
_____		_____	
Parent/Guardian Signature (If under age 24 or dependent)		Date	

**NEEDS ASSESSMENT AND SERVICES**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

**TO BE COMPLETED BY EOC STAFF**

SERVICES NEEDED	SERVICES PROVIDED
<b>Secondary/GED</b> <input type="radio"/> GED information or referral <input type="radio"/> GED/Creating a GED account online <input type="radio"/> Enroll in GED Program <input type="radio"/> GED Testing <input type="radio"/> Alternative High School information <input type="radio"/> Other (Specify): _____	
<b>Post-Secondary</b> Career Exploration/Planning: <input type="radio"/> Administer interest & career exploration assessments <input type="radio"/> Career options/information <input type="radio"/> Assist with career planning <input type="radio"/> Other (Specify): _____	
College Admissions: <input type="radio"/> Admission information/counseling <input type="radio"/> College admission applications <input type="radio"/> College admission checklist <input type="radio"/> College Opportunity Fund (COF) <input type="radio"/> Information Assessment/Placement Test <input type="radio"/> Two-year colleges <input type="radio"/> Four-year colleges <input type="radio"/> Trade & Technical schools <input type="radio"/> Transfer information/assistance <input type="radio"/> Other (Specify): _____	
Financial Aid/Loans/Scholarships: <input type="radio"/> Financial Aid information <input type="radio"/> FAFSA Application <input type="radio"/> Assisting with Financial Aid requirements <input type="radio"/> Financial Aid Appeals <input type="radio"/> Loan application/information/counseling <input type="radio"/> Scholarships/ other aid options <input type="radio"/> Financial Literacy <input type="radio"/> Other (Specify): _____	
Advising: <input type="radio"/> Academic Advising <input type="radio"/> Assist in college majors/degree plans & class selection <input type="radio"/> Other(Specify): _____	
Veteran Services: <input type="radio"/> VA Educational Benefits <input type="radio"/> Connection to on-campus resources and support	

**NEEDS ASSESSMENT & SERVICES AGREEMENT**

As an EOC participant, I agree with the services noted above to help me plan for and reach my educational, post-secondary or career goals.  Yes  No

Participant Initials: \_\_\_\_\_ Date: \_\_\_\_\_ EOC Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**EOC Office Use Only**

PartNum: \_\_\_\_\_ Eligibility:  FG/LI  FG  LI  N  
 Documents submitted:  Admission  Financial Aid  Enrollment  Other: \_\_\_\_\_  
 Beginning Level: (19 yrs. and Older):  PRE  AES  AO  CR  PSC  PST  PSD Ending Grade Level: \_\_\_\_\_  
 Beginning Level: (High School Age):  12  HS  HES  HSD  HSO Ending Grade Level: \_\_\_\_\_  
 Contact Type:  One-on-One  Group Workshop Event and Date: \_\_\_\_\_  
 Contact Site:  EOC Office  Other (Please specify): \_\_\_\_\_  
 Next Scheduled Appointment Date and Time: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

**Main Office Use Only:**

EdLevel: \_\_\_\_\_ Elig: \_\_\_\_\_ Additional Docs Included: \_\_\_\_\_ Referral Code: \_\_\_\_\_ Association Code \_\_\_\_\_ 08/21/2019