

EDUCATIONAL OPPORTUNITY CENTER APPLICATION

PRINT LEGIBLY

Legal Name: Last _____ First _____ Middle (complete) _____ Jr., etc. _____

Mailing Address: (Street/P.O. Box): _____ City: _____ State: _____ Zip Code: _____

Telephone No. 1: _____ **Telephone No. 2:** _____

Email: _____ **Date of Birth (MM/DD/YYYY):** _____

FAMILY AND INCOME	PERSONAL PROFILE	SERVICES
<p>Your Marital Status</p> <p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabitate </p> <p>Family Total Adjusted Gross Income</p> <p> <input type="checkbox"/> No income <input type="checkbox"/> \$46,560-\$53,369 <input type="checkbox"/> \$19,320-\$26,129 <input type="checkbox"/> \$53,370-\$60,179 <input type="checkbox"/> \$26,130-\$32,939 <input type="checkbox"/> \$60,180-\$66,989 <input type="checkbox"/> \$33,940-\$39,749 <input type="checkbox"/> \$66,990 or more <input type="checkbox"/> \$39,750-\$46,559 </p> <p>Number of People in Your Household</p> <p> <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+ </p> <p>Have Either of Your Parents Graduated with a Bachelor's Degree?</p> <p> Father: <input type="checkbox"/> Yes <input type="checkbox"/> No Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Your Education Status</p> <p> <input type="checkbox"/> Currently enrolled in a college or a vo-tech program <input type="checkbox"/> Not currently enrolled <input type="checkbox"/> Working on GED® <input type="checkbox"/> Working on high school diploma </p> <p>Previous Education</p> <p> <input type="checkbox"/> Earned a GED® <input type="checkbox"/> Earned a high school diploma <input type="checkbox"/> Attended college or vocational tech <input type="checkbox"/> Earned an A.A. or A.S. Degree <input type="checkbox"/> Earned a Bachelor's Degree </p> <p>Which Parent/Guardian Do You Live With?</p> <p> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Guardian: _____ </p>	<p>Gender</p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Female </p> <p>Ethnicity</p> <p> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino of any race <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Mixed Race </p> <p>Citizenship</p> <p> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident </p> <p>Language</p> <p> Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate dominant language: _____ </p> <p>Military</p> <p> <input type="checkbox"/> U.S. Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Child or Dependent of Active Duty Military <input type="checkbox"/> Child or Dependent of a Veteran <input type="checkbox"/> Spouse of a Veteran <input type="checkbox"/> Not applicable </p> <p>Disabilities</p> <p> I have a disability for which I require accommodations. <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>How did you learn about the Educational Opportunity Center?</p> <p> <input type="checkbox"/> Flyer or brochure <input type="checkbox"/> GED® program <input type="checkbox"/> Workforce Program: Levy/Marion <input type="checkbox"/> CareerSource <input type="checkbox"/> Other: _____ </p>	<p>SERVICES</p> <p>What assistance do you need from EOC? (CHECK ALL THAT APPLY)</p> <p> <input type="checkbox"/> Help with admissions application <input type="checkbox"/> Assistance with financial aid application <input type="checkbox"/> Help earning a GED® <input type="checkbox"/> Help selecting a college program <input type="checkbox"/> Tutoring <input type="checkbox"/> Financial aid planning <input type="checkbox"/> Help choosing a career </p> <p>FINANCIAL LITERACY</p> <p>1. Which of the following organizations determines your credit rating? (CHECK ONE)</p> <p> <input type="checkbox"/> Experian, Equifax and TransUnion <input type="checkbox"/> Visa, Mastercard and American Express <input type="checkbox"/> Citibank, Bank of America and Chase <input type="checkbox"/> Your bank </p> <p>2. Which is most likely to improve your credit rating? (CHECK ONE)</p> <p> <input type="checkbox"/> Opening new credit accounts <input type="checkbox"/> Spreading debt over many credit cards <input type="checkbox"/> Not missing payments <input type="checkbox"/> Keeping balances low on credit cards </p> <p>3. What is the single most important factor in determining whether or not you will get a loan? (CHECK ONE)</p> <p> <input type="checkbox"/> Income level <input type="checkbox"/> Home ownership <input type="checkbox"/> Amount of debt <input type="checkbox"/> FICO or credit score </p> <p>4. What type of financial aid does not require repayment? (CHECK ALL THAT APPLY)</p> <p> <input type="checkbox"/> Federal Pell Grant <input type="checkbox"/> Scholarship <input type="checkbox"/> Loan <input type="checkbox"/> Work Study </p> <p>5. Does a subsidized loan accrue interest while enrolled half time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I hereby authorize any school, college, university or continuing education program to release academic information requested by the Educational Opportunity Center. I understand that the information on this form will be used for statistical and client service purposes only and is protected by the U.S. Family Educational Rights and Privacy Act (FERPA, 1974). I hereby confirm that I am 16 years old or older.

Applicant Signature _____

Today's Date: MM/DD/YYYY _____

Parent/Guardian Signature _____

Today's Date: MM/DD/YYYY _____

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Coordinator Signature _____ **Today's Date: MM/DD/YYYY** _____