



Name (PRINT): _____ /_____/_____
(LAST NAME) (FIRST NAME) (MI) (MAIDEN) Today's Date

Local Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Other Phone Number: _____

Email Address: _____

Date of Birth: _____ Your Current Age: ____ Gender: Male Female

Ethnicity: (Select one)
 Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture) OR Non-Hispanic/Latino

Race: (Select all that apply regardless of Ethnicity)
 American Indian or Alaskan Native Black or African American
 Asian, Japanese, Chinese, Vietnamese, Korean, Filipino Native Hawaiian or Other Pacific Islander
 White, Anglo, Caucasian

Citizenship: US Citizen Permanent Resident, If so: A# _____ Neither

Do either of your parents have a 4-year college degree? Yes No

Dependency Status: (Please check all that apply to you)
I was born before January 1, 1996 In foster care, ward of the court, or both parents deceased
Currently Married/Separated Emancipated minor or in a legal guardianship
Have children or have other dependents who receive more than 1/2 of their support from you Unaccompanied/Homeless Youth
 US Armed Forces veteran or on active duty Have completed a 4-year college degree and working on Master's or Doctorate Degree
Did you check any of the Dependency Status Criteria above?
 Yes = You are an Independent Student OR No = You are a Dependent Student

Number of Family Members in Household?
_____ Independent Students - Include yourself, your spouse, your children, and any other individual who is receiving more than half of their support from you. OR _____ Dependent Students - Include your parents, yourself, your parents' other children and any other individual who is receiving more than half of their support from your parents

What was your Taxable Income for last year?
Independent Students Student (and Spouse) Taxable Income \$ _____ OR Dependent Students Student Taxable Income \$ _____
Parent(s) Taxable Income \$ _____
Total Taxable Income \$ _____

(Notes: 2018 Taxable Income can be found on IRS Form 1040 line 10. Attach copy of sign tax return(s) if available.)



Name: _____ (LAST NAME) (FIRST NAME) (MI)

Are you fluent in English? Yes No

College(s) Considering: 1. _____ 2. _____

Intended Career Field: _____ OR Undecided

Educational Goal(s):

- High School Diploma Certificate Bachelor's Degree
 GED/High School Equivalency Associates Degree Master's / Doctorate

Major(s) Considering: 1. _____ 2. _____

Have you ever received services from TRIO EOC before? Yes No
If so, which year did you last participate? _____

Current Educational Status: (Please check all that apply)

- High School Non-Senior (grades 9, 10 or 11)
 High School Senior
 High School Attending: _____
 High School Drop-out
 Grade level when dropped out: 9th 10th 11th 12th
 Not enrolled in an Alternative Education/GED Program
 Enrolled in an Alternative Education/GED Program
 Program Attending: _____
 High School Graduate
 Earned GED
 College Student
 Currently enrolled at: _____ Expected Grad. Date: _____
 College Stop-out
 College last attended: _____ Semester/Year: _____
 College Graduate
Degree(s) Obtained:
 Certificate (1 year)
 Associate's Degree (2 year)
 Bachelor's Degree (4 year)

Are you interested in college transfer? Yes No

Military Connected: (Check any that apply) Not Applicable

- Veteran Spouse of Active Duty Military Active Duty Military Child of Active Duty Military



Have you participated in any of the following programs SINCE SEPTEMBER 1st? (Check all that apply)

- Not Applicable, TRIO Student Support Services, GEAR UP, TRIO Upward Bound, TRIO Talent Search, Other federal program, TRIO Upward Bound Math, TRIO Veterans Upward Bound

College Admissions Application: (Current Year)

I have completed a college admission application to _____, Semester/Year: _____
I have not applied yet Not Applicable

Student Financial Aid Application: (Current Year)

- I have completed a financial aid and/or scholarship application for: _____ year
I have not applied yet Not Applicable

Services Needed:

Table with 3 columns: Financial Aid Assistance, College Admissions, Other. Lists various services like FAFSA, Admissions Application, Academic Planning, etc.

Consent:

I certify the information I have reported on pages 1 thru 3 of this Intake & Assessment Form is accurate to the best of my knowledge.

I authorize the TRIO EOC

- to have access to my high school and college information necessary to determine program eligibility, provide assistance and to verify enrollment in college. This includes my grades, test scores, enrollment status, and student financial aid records.
to release information from my participant file to state and federal agencies when required by law or regulations.

I would like to receive text messages regarding my appointments, deadlines, scholarships, etc. Yes No
Charges may apply depending on your data plan.

Participant Signature Date Parent Signature Date (If under 18 years of age, or if used parents' income statement)

TO BE COMPLETED BY EOC STAFF ONLY

Qualifies for Low Income Status Yes No, Eligibility Code LI/FG, LI Only, FG Only, Other, Income documentation used: taxes, statement, other:

EOC Advisor Signature Date

Please print this PDF and bring it with you to your appointment, or send it in an email to eoc@csupueblo.edu (you will need to select "Print" then "Save as PDF" for changes to be saved if you plan to email this document).