



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

Local Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 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, 1995 [ ] 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: (1) 2017 Taxable Income can be found on IRS Form 1040 line 43, 1040A line 27 or 1040EZ line 6. Attach copy of tax return if available.)



Name: \_\_\_\_\_ (LAST NAME) (FIRST) (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? \_\_\_\_\_

Your Current Age: \_\_\_\_\_

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. Includes checkboxes for 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 as parents' income statement)

TO BE COMPLETED BY EOC STAFF ONLY

Table with 2 columns: Qualifies for Low Income Status, Eligibility Code. Includes checkboxes for Yes/No, LI/FG, LI Only, FG Only, Other.

EOC Advisor Signature Date

SUBMIT