

Name (PRINT): _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (LAST NAME) (FIRST) (MI) (MAIDEN) ____/____/____ Today's Date </div>	
Local Address: _____ Apartment #: _____ City: _____ State: _____ Zip Code: _____	
Cell Phone Number: _____	Other Phone Number: _____
Email Address: _____	
Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: (Select one) <input type="checkbox"/> Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture) OR <input type="checkbox"/> Non-Hispanic/Latino	
Race: (Select all that apply regardless of Ethnicity) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian , Japanese, Chinese, Vietnamese, Korean, Filipino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White , Anglo, Caucasian	
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident, If so: A# _____ <input type="checkbox"/> Neither	
Do either of your parents have a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependency Status: (Please check all that apply to you) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> I was born before January 1, 1994 <input type="checkbox"/> Currently Married/Separated <input type="checkbox"/> Have children or have other dependents who receive more than 1/2 of their support from you <input type="checkbox"/> US Armed Forces veteran or on active duty </div> <div style="width: 50%;"> <input type="checkbox"/> In foster care, ward of the court, or both parents deceased <input type="checkbox"/> Emancipated minor or in a legal guardianship <input type="checkbox"/> Unaccompanied/Homeless Youth <input type="checkbox"/> Have completed a 4-year college degree and working on Master's or Doctorate Degree </div> </div>	
Did you check any of the Dependency Status Criteria above? <input type="checkbox"/> Yes = You are an Independent Student OR <input type="checkbox"/> 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? <div style="display: flex; justify-content: space-between;"> <div> Independent Students Student (and Spouse) Taxable Income \$ _____ </div> <div> OR Dependent Students Student Taxable Income \$ _____ Parent(s) Taxable Income \$ _____ Total Taxable Income \$ _____ </div> </div>	
<small>(Notes: (1) 2016 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.)</small>	

Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (LAST NAME) (FIRST) (MI) </div>	
Are you fluent in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s) Considering: 1. _____ 2. _____	
Intended Career Field: _____ OR <input type="checkbox"/> Undecided	
Educational Goal(s): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> High School Diploma</div> <div style="width: 33%;"><input type="checkbox"/> Certificate</div> <div style="width: 33%;"><input type="checkbox"/> Bachelor's Degree</div> <div style="width: 33%;"><input type="checkbox"/> GED/High School Equivalency</div> <div style="width: 33%;"><input type="checkbox"/> Associates Degree</div> <div style="width: 33%;"><input type="checkbox"/> Master's / Doctorate</div> </div>	
Major(s) Considering: 1. _____ 2. _____	
Have you ever received services from TRiO EOC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which year did you last participate? _____	Your Current Age: _____
Current Educational Status: (Please check all that apply) <input type="checkbox"/> High School Non-Senior (grades 9, 10 or 11) <input type="checkbox"/> High School Senior <input type="checkbox"/> High School Attending: _____ <input type="checkbox"/> High School Drop-out <input type="checkbox"/> Grade level when dropped out: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Not enrolled in an Alternative Education/GED Program <input type="checkbox"/> Enrolled in an Alternative Education/GED Program ▪ Program Attending: _____ <input type="checkbox"/> High School Graduate <input type="checkbox"/> Earned GED <input type="checkbox"/> College Student <input type="checkbox"/> Currently enrolled at: _____ Expected Grad. Date: _____ <input type="checkbox"/> College Stop-out <input type="checkbox"/> College last attended: _____ Semester/Year: _____ <input type="checkbox"/> College Graduate Degree(s) Obtained: <input type="checkbox"/> Certificate (1 year) <input type="checkbox"/> Associate's Degree (2 year) <input type="checkbox"/> Bachelor's Degree (4 year) Are you interested in college transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Connected: (Check any that apply) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Active Duty Military <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Child of Active Duty Military	

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> TRiO Student Support Services | <input type="checkbox"/> GEAR UP |
| <input type="checkbox"/> TRiO Upward Bound | <input type="checkbox"/> TRiO Talent Search | <input type="checkbox"/> Other federal program: _____ |
| <input type="checkbox"/> TRiO Upward Bound Math Science | <input type="checkbox"/> 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:

Financial Aid Assistance

- ☐ Financial Aid Application (FAFSA)
- ☐ Loan Application
- ☐ Loan Default
- ☐ Scholarship Assistance
- ☐ Financial Literacy
- ☐ Other: _____

College Admissions

- ☐ Admissions Application
- ☐ Application Fee Waiver
- ☐ College Search
- ☐ Testing Fee Waiver
- ☐ Transfer Advising
- ☐ Other: _____

Other

- ☐ Academic Planning
- ☐ Career Advising
- ☐ College Opportunity Fund (COF)
- ☐ GED Referral
- ☐ Income Tax Preparation
- ☐ Other: _____

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

Qualifies for Low Income Status ☐ Yes ☐ No

Income documentation used:

☐ taxes ☐ statement ☐ other: _____

Eligibility Code

☐ LI/FG ☐ LI Only ☐ FG Only ☐ Other

EOC Advisor Signature

Date

SUBMIT