



Central California Educational Opportunity Center Participant Application



All Items in Red need to be completed

First Name

M Last Name

Social Security Number

Address (Number and Street include Apt. Number) **NO P.O. Box**

Date of Birth (MM-DD-YYYY)

City

State

Zip Code

Age

()

Cell Phone Number

E-mail Address

()

Message Phone Number

HOUSEHOLD INFORMATION *If under 24 years of age, provide your parents' income*

Income Includes: Employment Wages TANF / Cash Aid Social Security (SSI) EBT / Food Stamps
(Check all that apply) Disability Insurance Unemployment Insurance (UIB) Veterans' Benefits
 MediCal /MediCare Parent's or Other's Income Other: _____

Marital Status: Single Cohabitate Married Separated Divorced Widowed

Number in Household: _____ **Do you have children that you need to support:** YES NO

Last year, what was your "taxable" income? (From your IRS 1040)

- Less than \$22,590
- \$22,591 - \$30,660
- \$30,661 - \$38,730
- \$38,731 - \$46,800
- \$46,801 - \$54,870
- \$54,871 - \$62,940
- \$62,941 - \$71,010
- \$71,011 - \$79,080
- \$79,081 + over

PERSONAL INFORMATION

Gender: Female Male Decline to State Other _____

Are you a US Citizen: YES NO **Are you a Legal Resident:** YES NO

Are you Hispanic/Latino? YES NO

Indicate your race (Check all that apply): American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White

Employment Status: Full Time Part Time Self Employed Unemployed Retired

Was English your first language? YES NO (My first language was): _____

If no, are you comfortable speaking, reading, and writing in English? YES NO

Parent(s) received a 4-yr degree: YES NO **If YES, I lived with that parent(s):** YES NO

Special Circumstances (Check all that apply): Homeless Active-duty military Veteran Disabled
 Have Learning Disability Limited English Skills Currently on Parole/Probation Teen Parent
 Formerly Incarcerated Child/Spouse of Military Person Former Foster Youth or Ward of Court
 Completed 60 college units Less than 1 year living in California Have degree from other country

HIGH SCHOOL OR SECONDARY EDUCATION INFORMATION

Do you have a desire to pursue an education beyond high school? YES NO

Received a HS Diploma: YES NO

Obtained a GED/HiSet: YES NO

Currently in a HS Diploma program: YES NO Anticipated graduation date: _____

Currently in a GED/HiSet program: YES NO Anticipated date of completion: _____

What school are you attending for your Diploma, GED or HiSet? _____

COLLEGE OR POST SECONDARY EDUCATION INFORMATION

Received an AA college degree: YES NO From what college? _____

Did you stop attending college? YES NO **Did you stop attending voc. training?** YES NO

Are you currently enrolled in college or a training program? YES NO

If yes, please provide the name and location: _____

Submitted a FAFSA this year? YES NO **Need help to submit FAFSA next year?** YES NO

PARTICIPANT NEEDS ASSESSMENT - Check all you would like information on or need assistance:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Academic Guidance | <input type="checkbox"/> Admission Application | <input type="checkbox"/> Aged-Out Foster Services | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Budget Planning | <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Disabled Student Services | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Choosing a School | <input type="checkbox"/> Defaulted School Loan | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Housing Information | <input type="checkbox"/> Mental Health Concerns | <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> CHAFEE Grant |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Services for Ex-Offenders | <input type="checkbox"/> Diploma/HiSet/GED Program | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Veterans Services | <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Other |

I need help with:

PARENTS' INFORMATION (If under 24 years, please complete the following):

Parent 1:	Parent 2:
Address:	Address:
Phone:	Phone:

STUDENT'S DECLARATION & SIGNATURE

Authorization: I declare under penalty of perjury that all information reported on this application is true and accurate to the best of my knowledge. Pursuant to 20 USA 1231a of the U.S. Department of Education, CCEOC has the responsibility to request from applicant information and supporting documents to determine eligibility and deems necessary to assist me in achieving my educational goals or in meeting the reported requirements of the U. S. Department of Education. To record pertinent facts regarding my eligibility in the program, services rendered, and post-secondary education enrollment. I hereby authorize any educational institution to release academic and/or financial aid information that is requested by CCEOC. This information is protected by the Privacy Act, kept confidential and not be seen unless specifically authorized. I also grant permission for my image to be used in relation to any CCEOC activities, which could be a photograph and/or video, and may be used on the CCEOC website with only first names to be included or posted.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Eligibility Category: FG/LI LI Only FG Only Other

STAFF Signature: _____ **Date:** _____ **Site:** _____

Reviewer's Signature: _____ **Date:** _____ **Eligibility Met:** YES NO

- Ed Status:** Adult w/o HS Cred In Ed Prog (Senior Level) Adult w/o HS Cred Not In Ed Prog
- | | | |
|--|--|--|
| <input type="checkbox"/> Current PSE Student (Has HS Cred) | <input type="checkbox"/> PSE Stop Out <u>w/HS Cred</u> | <input type="checkbox"/> PSE Stop Out <u>w/o HS Cred</u> |
| <input type="checkbox"/> Potential Transfer (Has AA or 60 units) | <input type="checkbox"/> HS Grad or Equivalency | <input type="checkbox"/> HS Senior or is at Senior Level |
| <input type="checkbox"/> HS Drop Out (not older than 18 yrs) | <input type="checkbox"/> Other Part (19 yrs or older) | |