

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"/> S 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) | |