



STUDENT INFORMATION SS# is required to process the application

Name (First, Middle Initial, Last): _____

Date of Birth (MM/DD/YYYY): _____ **Age:** _____ **SSN:** _____

Mailing Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Permanent Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: _____ **Home or Message Phone:** _____

Email Address: _____

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
 Disability Insurance Unemployment Insurance (UIB) Veterans' Benefits
 (Check all that apply) MediCal /MediCare Parent's or Other's Income Other: _____

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 \$19,140 \$19,141 - \$25,860 \$25,861 - \$32,580 \$32,581 - \$39,300
 \$39,301 - \$46,020 \$46,021 - \$52,740 \$52,741 - \$59,460 \$59,461 - \$66,180
 \$66,181 + over

PERSONAL INFORMATION

Gender: Female Male **Marital Status:** Single Married Separated Divorced Widowed

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 Diploma, GED or HiSet program are you currently attending? _____

COLLEGE OR POST SECONDARY EDUCATION INFORMATION

Received an AA college degree: <input type="checkbox"/> YES <input type="checkbox"/> NO	From what college? _____
Did you stop attending college? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you stop attending voc. training? <input type="checkbox"/> YES <input type="checkbox"/> NO
Currently enrolled in college/training? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where? _____
Submitted a FAFSA this year? <input type="checkbox"/> YES <input type="checkbox"/> NO	Need help to submit FAFSA next year? <input type="checkbox"/> YES <input type="checkbox"/> 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:	<input type="checkbox"/> FG/LI	<input type="checkbox"/> LI Only	<input type="checkbox"/> FG Only	<input type="checkbox"/> Other
STAFF Signature:	Date:	Site:		
Reviewer's Signature:	Date:	Eligibility Met: <input type="checkbox"/> YES <input type="checkbox"/> NO		

- | | | |
|--|---|---|
| Participant's Ed Status: | <input type="checkbox"/> Adult w/o HS Cred <u>in</u> Ed Prog. (<i>Senior Level</i>) | <input type="checkbox"/> Adult w/o HS Cred <u>not in</u> Ed Prog. |
| <input type="checkbox"/> PSE Student (<i>Has HS Cred</i>) | <input type="checkbox"/> PSE Drop Out <u>w/HS Cred</u> | <input type="checkbox"/> PSE Drop Out <u>w/o HS Cred</u> |
| <input type="checkbox"/> Potential PSE Transfer | <input type="checkbox"/> HS Grad or Equivalency | <input type="checkbox"/> Other Part (<i>19 Yrs. Or Older</i>) |
| <input type="checkbox"/> HS Senior or at Senior Level | <input type="checkbox"/> HS Non-Senior (<i>9th – 11th</i>) | |
| <input type="checkbox"/> Did Not Finish HS (<i>Not Older Than 18 Yrs.</i>) | <input type="checkbox"/> Other Part (<i>Not Older Than 18 Yrs.</i>) | |