



EDUCATIONAL OPPORTUNITY CENTER/COLLEGE BOUND
A Division of Educational Partners Inc.

PARTICIPANT INFORMATION

The Educational Opportunity Center and College Bound Program are funded through the TRIO Grant sponsored by the U.S. Department of Education (DOE). The information collected of this application is a requirement to participate in the EOC or College Bound Program. This information is used to establish your eligibility to receive free services and to verify your need for assistance. Your information is protected by the Privacy Act and will not be shared with any other agencies without your written permission.

Please PRINT AND Complete all requested information.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ STUDENT I.D.#: \_\_\_\_\_

ADDRESS (Residence): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED PHONE#: \_\_\_\_\_ ALTERNATE PHONE#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

GENDER: [ ] MALE [ ] FEMALE [ ] NON-BINARY

ETHNICITY/RACIAL BACKGROUND (Check all that applies): [ ] AMERICAN INDIAN/ALASKA NATIVE/PACIFIC ISLANDER [ ] ASIAN(Chinese/Japanese/Korean)

[ ] BLACK (African American/Haitian/Jamaican) [ ] HISPANIC/LATIN (Cuban/Puerto Rican/Mexican/Dominican/Other Hispanic/Latino/Spanish Origin)

[ ] CAUCASIAN/WHITE [ ] OTHER: \_\_\_\_\_ [ ] TWO OR MORE RACES: \_\_\_\_\_

IS ENGLISH YOUR FIRST/PRIMARY LANGUAGE? [ ] YES [ ] NO

ARE YOU AN U.S. CITIZEN/PERMANENT RESIDENT: [ ] YES [ ] NO If Permanent Resident, Please list #: A \_\_\_\_\_

MARITAL STATUS: [ ] SINGLE [ ] MARRIED [ ] SEPARATED [ ] DIVORCED [ ] WIDOWED Date of Marital Status (Mo/Year): \_\_\_\_\_

ARE YOU OR WERE YOU AN: [ ] ORPHAN [ ] FOSTER CARE [ ] EMANCIPATED YOUTH [ ] LEGAL GUARDIANSHIP [ ] N/A

MILITARY CONNECTION: [ ] U.S. VETERAN [ ] ACTIVE DUTY [ ] CHILD/DEPENDENT OF VETERAN/ACTIVE DUTY [ ] SPOUSE OF VETERAN

[ ] SPOUSE OF ACTIVE DUTY [ ] N/A

HAVE YOU PREVIOUSLY RECEIVED SERVICES FROM THE EDUCATIONAL OPPORTUNITY CENTER/COLLEGE BOUND? [ ] YES (Date or Year): \_\_\_\_\_ [ ] NO

FIRST GENERATION/LOW INCOME STATUS AND PROGRAM ELIGIBILITY

DID EITHER PARENT RECEIVE A 4-YEAR (BACHELOR'S) DEGREE FROM A COLLEGE OR UNIVERSITY? [ ] MOTHER [ ] FATHER [ ] NONE

NUMBER OF PEOPLE IN YOUR HOUSEHOLD (Include yourself):

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9+ (List: \_\_\_\_\_)

ANNUAL TAXABLE FAMILY INCOME:

[ ] SSI/TANF/ADC/GR [ ] \$0 - 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 or More (List: \$ \_\_\_\_\_)

Please check: I hereby certify, under penalty of perjury, that my taxable income [ ] DOES [ ] DOESN'T fall within the listed income guidelines.

SOURCE OF INCOME:

- [ ] Employment (Full/Part-time) [ ] Spousal Employment
[ ] Parent/Guardian Income [ ] Unemployment Benefits
[ ] Workmen's Compensation [ ] Retirement
[ ] No Taxable Income

OTHER SOURCES OF INCOME:

- [ ] Food Stamps [ ] TANF (Public Assistance) [ ] Child Support
[ ] Social Security (SSI) [ ] Student Financial Aid
[ ] Housing Allowance [ ] Other: \_\_\_\_\_
[ ] N/A

If source of income is a parent, please list parent name(s):

Parent Name: \_\_\_\_\_



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**PARTICIPANT ACADEMIC STATUS AND NEEDS ASSESSMENT**

**SECONDARY SCHOOL STATUS (Choose ONE):**

- CURRENTLY ENROLLED IN HIGH SCHOOL:  
H.S. Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
- HIGH SCHOOL GRADUATE:  
H.S. Name: \_\_\_\_\_  
Graduation Date (Year): \_\_\_\_\_
- HIGH SCHOOL DROPOUT:  
SCHOOL NAME: \_\_\_\_\_  
Last Grade Completed: \_\_\_\_\_
- ENROLLED IN GED Classes/Alternative Ed. Program:  
Anticipated Graduation Date: \_\_\_\_\_
- OBTAINED GED/ALTERNATIVE ED CERTIFICATION COMPLETION:  
Date: \_\_\_\_\_

**POSTSECONDARY SCHOOLS (Choose ONE)**

- NO COLLEGE/TRAINING
- CURRENTLY ENROLLED COLLEGE/TRAINING PROGRAM/SCHOOL:  
School Name: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_
- STOPPED COLLEGE/TRAINING SCHOOL:  
Name: \_\_\_\_\_
- COMPLETED ASSOCIATE DEGREE/VOCATIONAL/TECHNICAL CERTIFICATION:  
School Name: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_  
Major: \_\_\_\_\_
- COMPLETED BACHELOR'S DEGREE:  
School Name: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

**NEED ASSESSMENT**

**What Assistance Can the EOC/CB Provide for You? (Check all that applies)**

- GED Information
- Financial Literacy
- Financial Aid Information
- FAFSA (Verification, FSA ID)
- Scholarship Information/Assistance
- Student Loan (Consolidation, Default Rehabilitation)
- Career Information (Career Profile)
- Career Testing
- College Information (Choosing a College)
- College Profile
- College Placement Exam Information
- Tutoring
- Mentoring
- Food Certification

**COLLEGE AND CAREER GOALS**

List up to 2 Schools/Colleges/Universities you are interested in:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

List up to 2 Careers or Programs of study you are interested in:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

*I attest to the accuracy and truthfulness of this information and have completed this form in its entirety. I understand the information on this form will be used for statistical purposes. All personal information is kept confidential and only viewed by the EOC/College Bound staff and the U.S. Department of Education.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By checking the box and typing my name, I am electronically signing my EOC/CB Application.

**OFFICE USE ONLY**

**Status:**  New  Continuing **Contact Type:**  One on One  Group  Virtual/Phone  
**Eligibility:**  First Generation/Low Income  Low Income Only  First Generation Only  Other  
**CONTACT SITE:**  EOC/CB Office  EOC/CB Site: \_\_\_\_\_ Education Specialist Name: \_\_\_\_\_

**FINANCIAL AID:** Date Completed: \_\_\_\_\_

- Financial Aid Information
- FAFSA Completion (Online/Paper Copy)
- FSA I.D.
- Estimated Pell Grant: \$ \_\_\_\_\_
- FSL Application
- FSL Estimate: \$ \_\_\_\_\_
- FSL Default Loan Consolidation
- Scholarship Information

FAFSA Year Completed: \_\_\_\_\_

**EDUCATION:** Date Completed: \_\_\_\_\_

- Received College Information(College Profile)
- College Application Completion
- Academic Advising
- Tutoring
- Mentoring
- Food Service(Handler or Manager) Certification
- STEM Referral

**CAREER PLANNING:**

Date Completed: \_\_\_\_\_

- Choosing a Career Path
- Reviewed Wage and Career Outlook Info
- Received Career Request Information
- Career Testing (COPS Assessment)
- Counseling
- Referral



# EOC/CB

## Educational Opportunity Center & College Bound

**The Educational Opportunity Center (EOC) and College Bound (CB) Programs are funded through a TRIO grant by the United States Department of Education. The U.S. Department of Education requires the information requested on this form for all individuals who wish to participate. Your information is kept confidential and is protected by the Privacy Act.**

I, \_\_\_\_\_, attest the information below is correct to  
**(Participant name)**

the best of my knowledge.

Please select the number of people living in your household (including yourself).

- ①(1)   ②(2)   ③(3)   ④(4)   ⑤(5)   ⑥(6)   ⑦(7)   ⑧(8)   ⑨(9) + (Other: \_\_\_\_ )

Please select the level of Annual Taxable Family Income that reflects your household (Taxable family income includes employment, unemployment, worker's compensation, retirement, and taxable social security benefits).

- \$0 - 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  
 Over \$79,081 or more (please list) \$\_\_\_\_\_

Please select any other resources you or anyone in the household receives

- Untaxed Social Security       Disability       Food Stamps       TANF  
 WIC       Other (please list: \_\_\_\_\_)

### Verification of Income (Please check all that applies)

- ① SAR    ① TANF/SNAP Card    ① Notarized Letter    ① SSI/Disability    ① Agency Letter  
① Tax Forms    ① W2 Forms    ① Child Support Statement    ① Self Validation  
① Release Forms (Incarceration)    ① FIT (Family in Transition – Homeless)  
① Other: \_\_\_\_\_

**I understand the information on this form is used to determine the student's eligibility to participate in the Educational Opportunity Center or College Bound Program and will only be used for statistical and follow-up purposes. I certify this form was filled out correctly to the best of my knowledge.**

\_\_\_\_\_  
Participant/Authorized Signature

\_\_\_\_\_  
Date

EDUCATIONAL PARTNERS

4700 Millenia Blvd. Suite 500, Orlando, FL 32839

FUNDED THROUGH THE U.S. DEPARTMENT OF EDUCATION