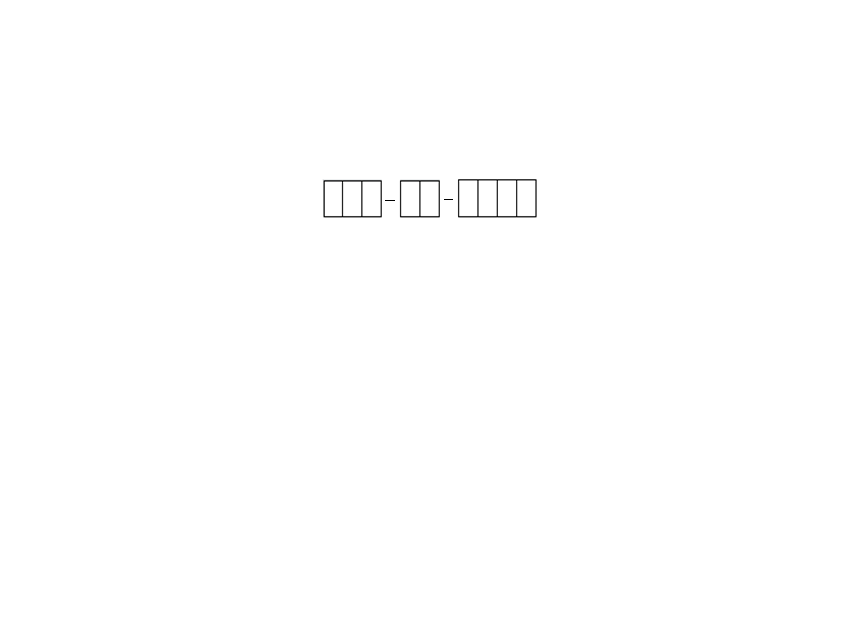
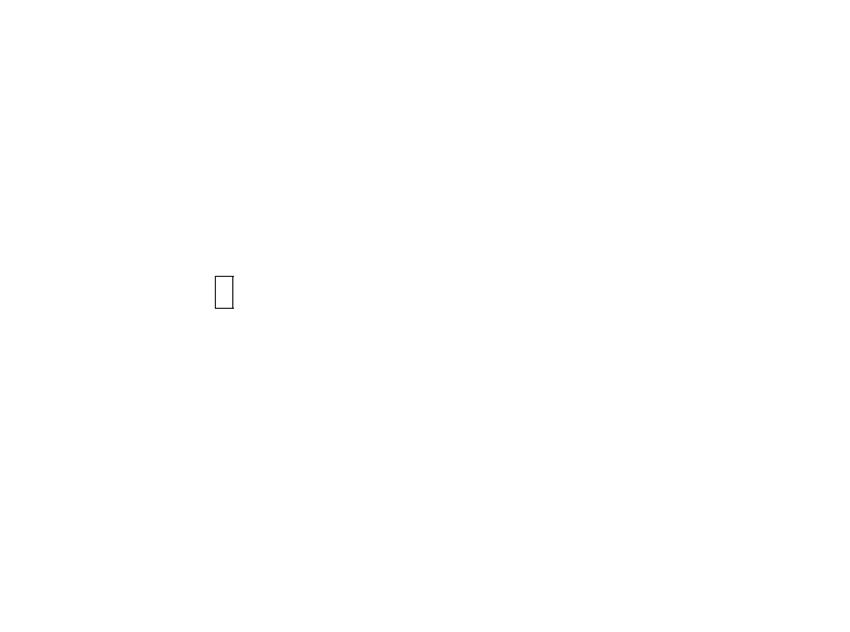
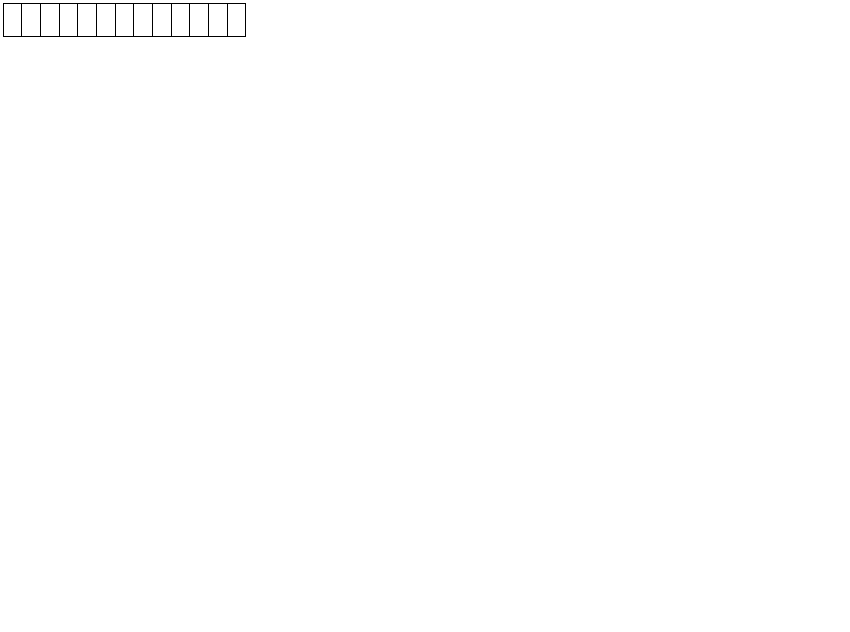
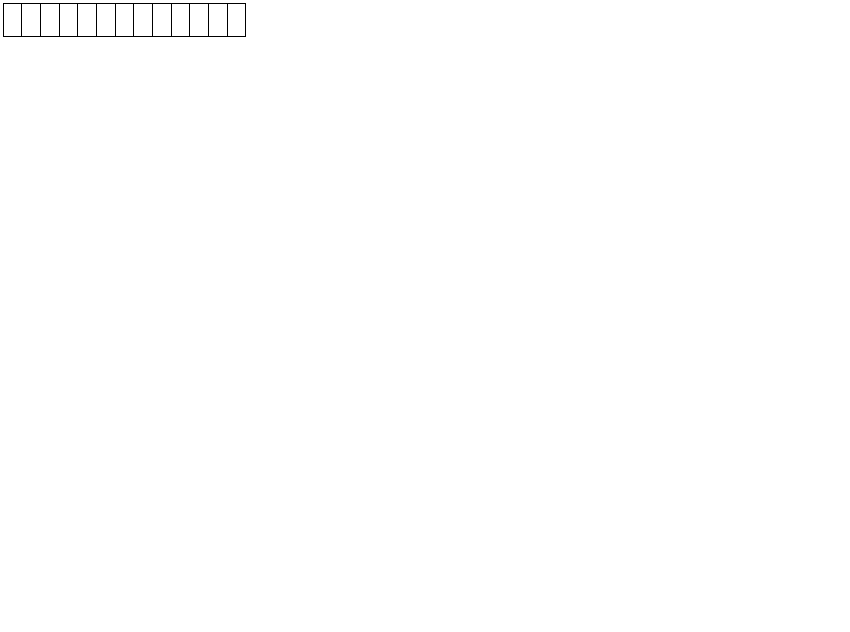
******Central California Educational Opportunity Center**

Participant Application

*Funded by the U.S. Department of Education*

**Section I Student Information \*\*\*Participant’s SS# is Required to Process the Application\*\*\***

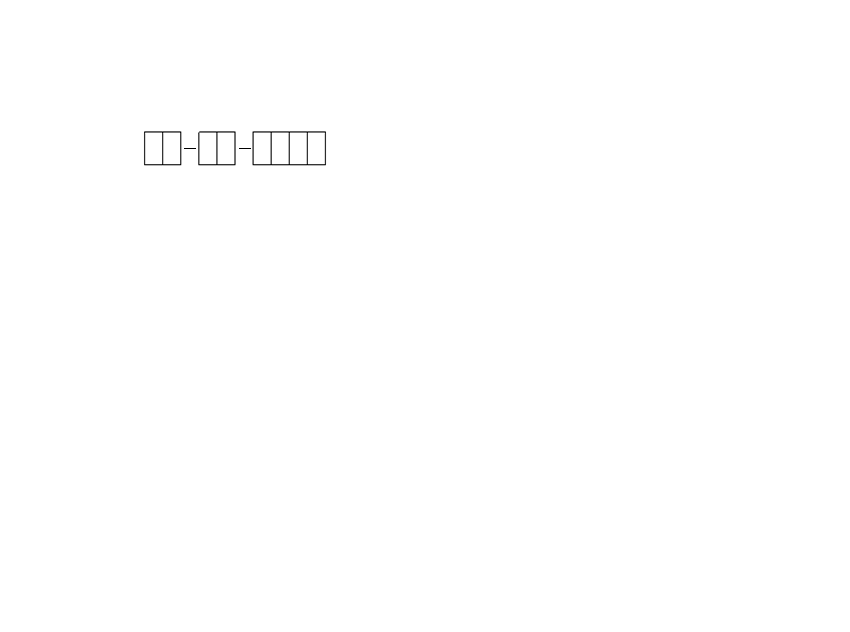
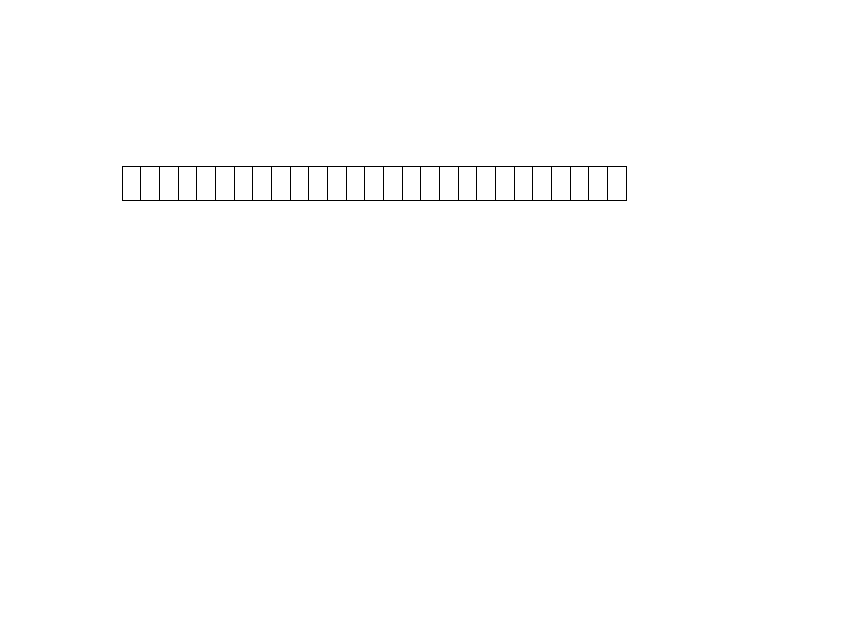
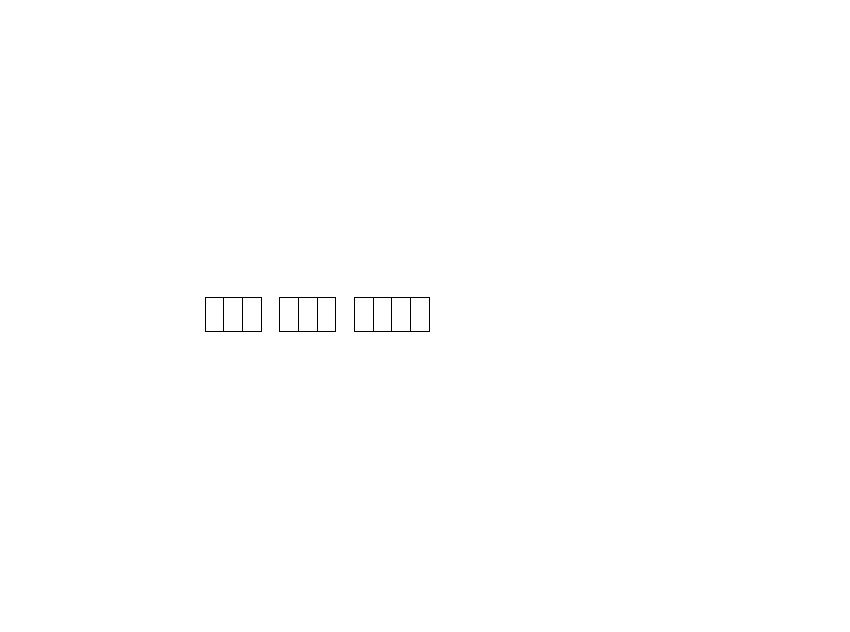
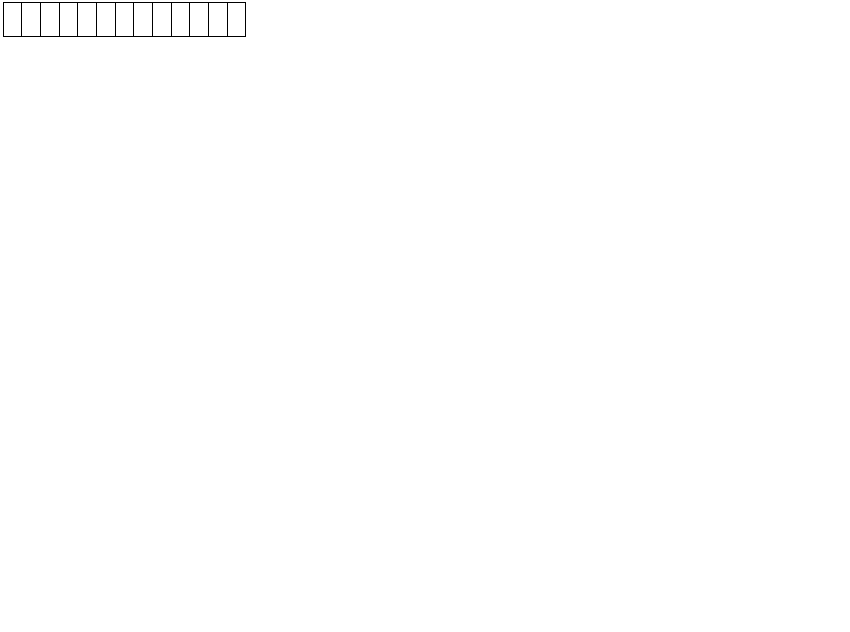
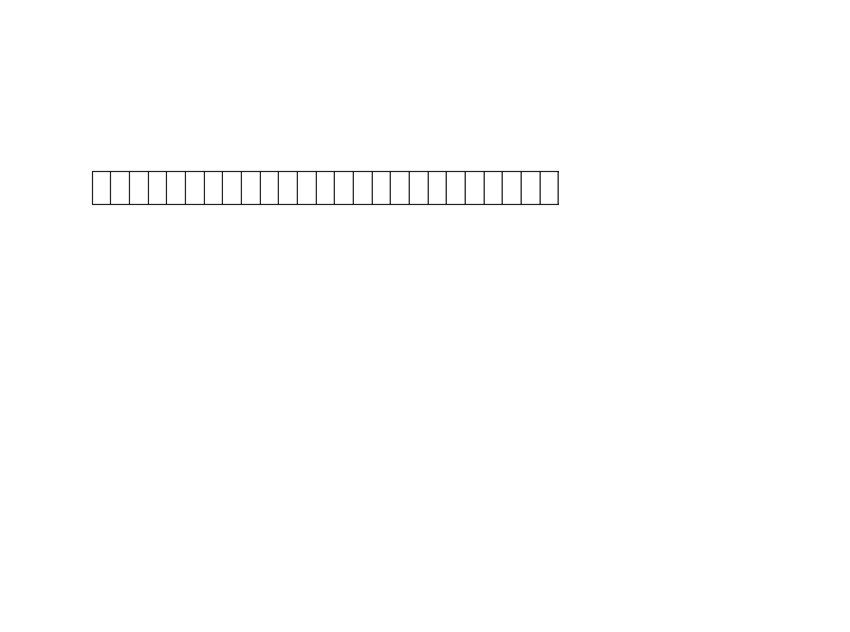
* *

**Social Security Number**

**MI**

**First Name**

**Last Name**

************

\_

**Other Information**

Mark all that apply:

❑ Homeless **❑** Active-duty military

❑ Veteran ❑ Ex-offender

❑ Disabled ❑ Formally in Foster Care/

Ward of Court

**Background Info.**

Are you a U.S. Citizen?

**❑** YES **❑** NO

If no, are you a legal resident?

**❑** YES **❑** NO

Sex: **❑** Female **❑** Male

Do you have difficulty speaking English?

❑ YES ❑ NO

Did your mom or dad receive a 4-yr degree? ❑ YES ❑ NO

If yes, did you live with that parent? ❑ YES ❑ NO

**Age**

**Date of Birth**

**HS/GED Information**

Did you receive HS Diploma? ❑ YES ❑ NO  **GED?** ❑ YES ❑NO

Are you currently in a High School Diploma program? ❑ YES ❑ NO

If yes, how many credit do you still need to graduate? \_\_\_\_\_\_\_\_\_\_

Are you currently working on getting your GED/HiSet? ❑ YES ❑ NO

If yes, how many tests have you passed? \_\_\_\_\_\_\_\_\_\_\_

What school are you currently attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you dropped out of high school, circle the grade you completed before you dropped out: **6 7 8 9 10 11**

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

**Section 7**

**College Information**

Did you drop out of college?

❑ YES ❑ NO

Did you drop out of vocational training?

❑ YES ❑ NO

**Section 4**

**Financial Information**

Employment Status: ❑ Full-Time ❑Part-Time ❑ Unemployed

**Income Source: ❑** Welfare (TANF) ❑ Food Stamps (EBT) ❑ Social Security (SSI) ❑ Unemployment Benefits ❑ Veteran Benefits ❑ Other

Number in Household: \_\_\_\_\_\_\_\_\_\_\_

Do you have young children at home who you support? ❑ YES ❑ NO

Marital Status: ❑ Single ❑ Married ❑Divorce ❑ Widow

**Last year, what was your “taxable” income:**

**❑** Less than $17,820 ❑ $17,821 - $24,030 ❑ $24,031 – $30,240 ❑ $30,241 - $36,450 ❑ $36,451 - $42,660 ❑ $42,661 - $48,870

❑ $48,871 - $55,095 ❑ $55,096 - $61,335 ❑ $61,336 + over

**Section 2**

**Race/Ethnicity**

❑ American Indian or Alaska Native

❑ Asian

❑ Black or African American

❑ White

❑ Native Hawaiian or other Pacific Islander

**Are you Hispanic/Latino?**

**❑** YES **❑** NO

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

**State**

**Zip code**

**City**

Do you have an AA/AS degree?

❑ YES ❑ NO

Are you now attending college or

vocational training program?

❑ YES ❑ NO

Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3**

**Section 5**

**Section 4**

**6 7 8 9 10 11**

**Section 3**

**Section 2**

**Your telephone number**

**City**

**Address (**Number and street include apt. number) **NO P.O. BOX**

**Zip Code**

**State**

**Your Telephone Number**

**Your E-mail Address**

**Section 8**

**Participant Needs Assessment** (Check all that apply)

**❑** Academic Guidance ❑ Admission Application ❑ Aged-Out Foster Information ❑ Tutoring

❑ Budget Planning ❑ Career Exploration ❑ Disabled Student Services ❑ Study Skills ❑ Choosing a School/College ❑ Defaulted School Loans ❑ Financial Aid Application ❑ EOP&S ❑ Housing Information ❑ Health Services ❑ Transfer Assistance ❑ CHAFEE Grant

❑ Financial Literacy ❑ Scholarships ❑ Diploma/HiSet/GED Program ❑ Job Search Skills ❑ Veterans Services ❑ Vocational Training Programs

**If you are younger than 23, please provide your parent(s) full name(s):**

**DATE**

**SIGNATURE OF APPLICATION**

**Counselor’s Notes**

**High School Diploma/GED/HiSet Achievement Plan**

School or Program to attend: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Start Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post-Secondary Enrollment Plan**

❑ Certificate of Completion (Vocational) ❑ Bachelor of Arts/Science Degree ❑ Associate of Arts/Science Degree

College/Training Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated PSE/Vocational Training Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student took FAFSA home for Parent’s completions: DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Status:** ❑ New ❑ Continuing ❑ Prior Years **Student Status:** ❑ Independent ❑ Dependent

**Post-Secondary Status:** ❑ First Time ❑ Continuing ❑ Re-Entry ❑ Transfer

**Referred for additional assistance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

No

**FG Only**

**CE Ready**

**PSE Attendee**

**FAFSA**

**LI Only**

**Admission**

**LI/FG**

**PSE Ready**

Eligibility Category:

**Counselor Signature: Date: Site:**

**Review Signature: Date: Program Eligibility Met:**

Comments:

**Parent 1**  **Parent 2**

**Authorization**

I declare under penalty of perjury that the information on this form is true to the best of my knowledge. *Pursuant to 20 USA 1231a of the U.S. Department of Education*, CCEOC is authorized to access information deemed 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. This information is protected by the Privacy Act, kept confidential and not be seen unless specifically authorized. A copy of this statement shall serve as such authorization.



**Section 9**

**For Office Use Only**

**Section 4**

**6 7 8 9 10 11**

**Section 3**

**Section 2**

**Your telephone number**

**Your e-mail address**

**City**

**Address (**Number and street include apt. number) **NO P.O. BOX**

**Zip Code**

**State**