



PARTICIPANT APPLICATION INFORMATION

Name: _____ Age: _____ Birth Date _____ Sex _____
(Last) (First)

Mailing Address: _____

City: _____ State: _____ Zip: _____ How Long In Florida? Year(s) _____ Month(s) _____

Day Phone #: (____) _____ Evening Phone #: (____) _____

Emergency Contact: _____ Phone # (____) _____ Relationship: _____

Email: _____ SSN: _____ - _____ - _____

EOC is funded by the U.S. Department of Education and is mandated to serve low income individuals who are also first generation college students or potential first generation college student.

Please Circle all numbers, within EACH column below, that apply to you:

- | Marital Status | Ethnic Background | Military Service | Disability Status |
|----------------------------|----------------------------|------------------|---|
| 1. Single | 1. White | 1. Non-Military | 1. Were you in Special Education at any time during your school years? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Married/In cohabitation | 2. African American/Black | 2. Active | 2. Do you need Access Services Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Widowed | 3. Hispanic/Latin American | 3. Veteran | |
| 4. Separated | 4. American Indian/Alaska | 4. Dependant | |
| 5. Divorced | 5. Asian | 5. Reserve | |
| | 6. Native Hawaiian | | |

Are you a U.S. Citizen? Yes No If no, please specify Alien reg. #: A _____ Issue Date: _____

Highest school completed by either parent(s) or guardian(s)? HS or lower College or beyond Other/unknown

Please indicate your family's previous year taxable income: \$ _____ Number of people supported by that income _____

What is your current employment status? Full-time Part-time Unemployed

- | Source(s) of family's <u>previous</u> year taxable income (Circle all that apply): | Other sources of income: |
|--|--------------------------|
| 1. Applicant employment | 1. Food Stamps |
| 2. Spouse/Partner employment | 2. Public Assistance |
| 3. Parent/Guardian employment | 3. Social Security |
| 4. Unemployment Benefits | 4. Child Support |
| 5. Worker's Compensation | 5. Student Financial Aid |
| 6. Investments | 6. Housing Allowance |

Are you currently attending college or vocational school? Yes No If yes, where? _____

- If not currently enrolled, what is your education level?
- | | | |
|----------------------------------|-----------------------------------|--|
| 1. High School /GED Graduate | 4. Need High school/GED | 6. Post Sec. Certificate or 2yr college degree |
| 2. In High School (grade12 only) | 5. Some college credits/No degree | |
| 3. In GED Program | | |

What do you want to study?: _____ Planned Entry Date _____

- How did you learn about our services?
- | | | |
|-----------------------------------|--------------------------------|------------------------------|
| 1. Brochure/Flyer/Poster/Magazine | 3. Fairs/Open House | 5. Relative/Friend/Co-Worker |
| 2. Newspaper/Radio/TV/Internet | 4. Community Agency/ Counselor | 6. Educational Institution |

Please check ALL the services you need:

- Educational Information
- Admission Application Assistance
- Financial Aid Application Assistance
- Career Counseling/Assessment
- College Entry Testing Information
- Registration Assistance
- Tutorial Information / Assistance
- Other, Please Specify _____

EOC USE ONLY	
Eligibility:	<input type="checkbox"/> LIFG <input type="checkbox"/> LI <input type="checkbox"/> FG <input type="checkbox"/> Other
Participant Status:	<input type="checkbox"/> New LEP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Status:	<input type="checkbox"/> NHSC <input type="checkbox"/> HSG (GED) <input type="checkbox"/> PS Stopout <input type="checkbox"/> PSS <input type="checkbox"/> PST <input type="checkbox"/> IHS <input type="checkbox"/> HS Dropout
Center: _____	Campus: _____ Advisor's Name: _____
Signature: _____	

Participant/Parent or Guardian's Signature: _____ Date: _____

All statements made here are true to the best of my knowledge.