

# Central California Educational Opportunity Center

## Participant Application

Name: (Last, first, middle Initial)	SSN								
-------------------------------------	-----	--	--	--	--	--	--	--	--

Mailing Address:	Apt. #
------------------	--------

City, State, Zip Code:	County:
------------------------	---------

Contact Phone: (     )	Email Address:
---------------------------	----------------

Date of Birth:	Age:	Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
----------------	------	---------	---------------------------------	-------------------------------

1. Are you a U. S. Citizen or a legal resident?      Yes   No	7. Is your spouse active-duty military?      Yes   No
2. Are you disabled?      Yes   No	8. Is either of your parent active-duty military?      Yes   No
3. Were you ever in Foster Care?      Yes   No	9. Are you Hispanic/Latino?      Yes   No
4. Are you currently homeless?      Yes   No	10. Circle your ethnic background or group(s):
5. Was English your first language?      Yes   No	American Indian/Alaskan Native      Asian      White
6. Are you a veteran or in the military?      Yes   No	Black/African American      Hawaiian/Pacific Islander

11. Last year, what was your "taxable" income? (Circle it)	13. Last year, did you or your family receive any of the following assistance:
Less than \$16,775      \$34,576 - \$40,515	Welfare (TANF)      Food Stamps (EBT)
\$16,776 - \$22,695      \$40,516 - \$46,455	Social Security (SSI)      Unemployment Benefits
\$22,696 - \$28,635      \$46,456 - \$52,395	Veterans Benefit      Other
\$28,636 - \$34,575      \$52,396 - \$58,335	

12. How many persons in your family?	14. Do you have children at home you support?      Yes   No
--------------------------------------	---

15. Circle what you have received:    Diploma    GED    None	21. What are your educational goals? (Circle all that apply)
16. Are you currently in a GED/diploma program?      Yes   No	HS Diploma      GED Certificate
17. Are you currently attending college?      Yes   No	2 year College Degree      Vocational Training Certificate
18. Did you drop out of college/voc. training?      Yes   No	4 year College Degree      Police/Fire Academy
19. Did your mom or dad receive a 4-yr degree?      Yes   No	22. Do you have a desire to pursue an education beyond high school?      Yes   No
20. If yes, did you live with that parent?      Yes   No	

*I, the undersigned, 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 program eligibility. This information is protected by the Privacy Act, kept confidential and not be seen unless specifically authorized. I hereby authorize any educational institution to release any academic or financial aid information that is requested by CCEOC. 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.*

<b>APPLICANT'S SIGNATURE:</b>	<b>Date:</b>
-------------------------------	--------------

For Office Only			
Counselor Signature	Date	<input type="checkbox"/> LI/FG <input type="checkbox"/> PSE Ready <input type="checkbox"/> CE Ready <input type="checkbox"/> LI Only <input type="checkbox"/> Admission <input type="checkbox"/> FG Only <input type="checkbox"/> FAFSA	
Site / Location:			

# Needs Assessment & Individual Educational Plan

## Participant Needs Assessment

**Check all areas that the participant has indicated a need for assistance or additional information:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic Guidance<br><input type="checkbox"/> Budget Planning<br><input type="checkbox"/> Choosing a School/College<br><input type="checkbox"/> English as a Second Language<br><input type="checkbox"/> Financial Literacy<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> Re-Entry Information<br><input type="checkbox"/> Stress Management<br><input type="checkbox"/> Tutoring | <input type="checkbox"/> Admission Application<br><input type="checkbox"/> Career Exploration<br><input type="checkbox"/> Default School Loans<br><input type="checkbox"/> Entrance Examinations<br><input type="checkbox"/> GED Programs<br><input type="checkbox"/> Housing Information<br><input type="checkbox"/> Scholarships<br><input type="checkbox"/> Transfer Assistance<br><input type="checkbox"/> Veterans Services | <input type="checkbox"/> Aged-Out Foster Information<br><input type="checkbox"/> Child Care Information<br><input type="checkbox"/> Disabled Student Services<br><input type="checkbox"/> Financial Aid Application<br><input type="checkbox"/> Health Services<br><input type="checkbox"/> Job Search Skills<br><input type="checkbox"/> Study Skills<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Vocational Training Programs |
|--|--|--|

## Needs & Referrals

**Education:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Training:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## High School Diploma/GED Achievement Plan

**1. High School Diploma/GED Program to attend:** \_\_\_\_\_

**2. Expected graduation/attainment date:** \_\_\_\_\_

## Post – Secondary Enrollment Plan

1. Financial Aid Application (FAFSA) completed by participant:	Yes	No
2. PSE Admission Application completed by participant:	Yes	No
Certificate of Completion (Vocational)	1-2 years	3-5 years
Associate of Arts/Science Degree	1-2 years	3-5 years
Bachelors of Arts/Science Degree	1-2 years	3-5 years
Other:		

**3. Anticipated PSE Enrollment Date & College Name:** \_\_\_\_\_

## Participant Status

**Placed:**     **GED/ Diploma**         **Com. College**         **University**         **Vocational Training**

**Other Info Provided:**     Placement Exam     College Orientation     College Counseling Dept.

Class Registration     Fee Waivers         Major Sheet         Study Skills

**Counselor:**     **V Vargas**         **M Lopez**         **E Garcia**         **J Amaro**

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

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_