

Section 8**Participant Needs Assessment** (Check all that apply)

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|--|---|---|---------------------------------------|
| <input type="checkbox"/> Academic Guidance | <input type="checkbox"/> Admission Application | <input type="checkbox"/> Aged-Out Foster Information | <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/College | <input type="checkbox"/> Defaulted School Loans | <input type="checkbox"/> Financial Aid Application | <input type="checkbox"/> EOP&S |
| <input type="checkbox"/> Housing Information | <input type="checkbox"/> Health Services | <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> CHAFEE Grant |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Diploma/HiSet/GED Program | |
| <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Veterans Services | <input type="checkbox"/> Vocational Training Programs | |

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

Parent 1

Parent 2

Section 9**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.

SIGNATURE OF APPLICATION _____**DATE** _____**For Office Use Only****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:** _____**Counselor's Notes****Eligibility Category:**

LI/FG

LI Only

FG Only

CE Ready

PSE Ready

Admission

FAFSA

PSE Attendee

Counselor Signature:**Date:****Site:****Review Signature:****Date:****Program Eligibility Met:**Yes No

Comments: