

Section 8**Participant Needs Assessment** (Check all that you would like assistance with or information)

- | | | | |
|--|--|---|---------------------------------------|
| <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"/> School Loan Issues | <input type="checkbox"/> Financial Aid Application | <input type="checkbox"/> EOP&S |
| <input type="checkbox"/> Housing Information | <input type="checkbox"/> Project Rebound | <input type="checkbox"/> Transfer Assistance | <input type="checkbox"/> CHAFEE Grant |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Services for Ex-Offenders | <input type="checkbox"/> Diploma/HiSet/GED Program | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Job Search Skills | <input type="checkbox"/> Veterans Services | <input type="checkbox"/> Vocational Training Programs | |

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

Parent 1

Parent 2

Section 9

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

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: _____ College/Training Provider's City: _____

Anticipated Enrollment Date: _____

Counselor's Notes

FAFSA sent home for Parent(s)' Info and Signature(s) on: _____ Anticipated Return Date: _____

Eligibility Category:	<input type="checkbox"/> LI/FG	<input type="checkbox"/> LI Only	<input type="checkbox"/> FG Only	<input type="checkbox"/> Other
	<input type="checkbox"/> Admission	<input type="checkbox"/> FAFSA	<input type="checkbox"/> Scholarship	

Counselor Signature: _____

Date: _____

Site: _____

Review Signature: _____**Date:** _____**Program Eligibility Met:**Yes No **Ed Status:** _____ **Comments:** _____Participant Status: New to Program Continuing From Last Year Returning - From Prior YearsPSE Status: First Time Enrollment Currently Enrolled Re-Entry TransferStudent Status: Dependent Student Independent Student

