|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | [ ] **Female** | | | | | [ ] **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 in Foster Care or a Ward of Court? Yes No** | | | | | | | | | | | **9. Are you Hispanic/Latino? Yes No** | | | | | | | | | | | | | | | | | |
| **4. Are you homeless? (no permanent/stable place) Yes No** | | | | | | | | | | | **10. Circle your ethnic background or group(s):** | | | | | | | | | | | | | | | | | |
| **5. Is English spoken mostly in your home? Yes No** | | | | | | | | | | | American Indian/Alaskan Native Asian White | | | | | | | | | | | | | | | | | |
| **6. Are you a veteran or in the military now? 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 $17,235 | | | | $35,326 - $41,355 | | | | | | |
| $17,236 - $23,265 | | | | $41,356 - $47,385 | | | | | | | Welfare (TANF) | | | | | | | | Food Stamps (EBT) | | | | | | | | | |
| $23,266 - $29,295 | | | | $47,386 - $53,415 | | | | | | | Social Security (SSI) | | | | | | | | Unemployment Benefits | | | | | | | | | |
| $29,296 - $35,325 | | | | $53,416 - $59,445 | | | | | | | Veterans Benefit | | | | | | | | Other | | | | | | | | | |
| **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 AA | | | | | | | | | | | **21. Did you drop out of college/voc. Training? Yes No** | | | | | | | | | | | | | | | | | |
| **16. Are you enrolled in a Diploma program? Yes No** | | | | | | | | | | | **22. Are you currently employed?** PT FT No | | | | | | | | | | | | | | | | | |
| **17. Are you enrolled in a GED program? Yes No** | | | | | | | | | | | **22. What are your educational goals?** (Circle all that apply) | | | | | | | | | | | | | | | | | |
| **18. Are you currently attending college? Yes No** | | | | | | | | | | | HS Diploma GED Certificate | | | | | | | | | | | | | | | | | |
| **19. Did your mom or dad receive a 4-yr degree? Yes No** | | | | | | | | | | | 2 year College Degree Vocational Training Certificate | | | | | | | | | | | | | | | | | |
| **20. If yes, did you live with that parent? Yes No** | | | | | | | | | | | 4 year College Degree Police/Fire Academy | | | | | | | | | | | | | | | | | |
| **23. Do you have the desire to pursue an education beyond high school? Yes No**  **24. Are you with another federal program? Yes No If yes, what program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you are younger than 23 and live with parent(s) please provide their name(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent 1** | | | | | | | | | | | **Parent 2** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| ***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.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT’S SIGNATURE: Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Funded by U. S. Department of Education) (CCEOC Application 9/6/13)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Office Use Only** | | | | | |
| **Participant Needs Assessment** | | | | | |
| **Check all areas that the participant has indicated a need for assistance or additional information:**  Academic Guidance Admission Application Aged-Out Foster Information  Budget Planning Career Exploration Child Care Information  Choosing a School/College Default School Loans Disabled Student Services  English as a Second Language Entrance Examinations Financial Aid Application  Financial Literacy GED Programs Health Services  High School Diploma Housing Information Job Search Skills  Re-Entry Information Scholarships Study Skills  Stress Management Transfer Assistance Transportation  Tutoring Veterans Services Vocational Training Programs | | | | | |
| **Participant Educational Plan** | | | | | |
| **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 | | 6-8 years | 8 years + |
| Associate of Arts/Science Degree | 1-2 years | 3-5 years | | 6-8 years | 8 years + |
| Bachelors of Arts/Science Degree | 1-2 years | 3-5 years | | 6-8 years | 8 years + |
| Other: |  |  | |  |  |
| **3. Anticipated PSE Enrollment Date & College Name:** | | | | | |
| **Needs & Referrals** | | | | | |
| **Education & Training:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other Need Referrals:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Participant Status** | | | | | |
| **Other Info Provided:** □ Placement Exam □ College Orientation □ College Counseling Dept.  □ Class Registration □ Fee Waivers □ Major Sheet □ Study Skills | | | | | |
| **Placed:** □ **GED/ Diploma** □ **Com. College** □ **University**  □ **Vocational Training** | | | | | |
| **Eligibility Catogory: LI/FG LI Only FG Only** | | | | | |
| **PSE Ready Admission FAFSA CE Ready** | | | | | |
| **Counselor Signature: Date:** | | | **Site:** | | |
| Reviewer Signature:  Date: | | | Program Eligibility Met:  Yes No | | |
| Comments: | | | | | |

(Funded by U. S. Department of Education) (CCEOC Application 9/6/13)