

## TRIO/EOC

## APPLICATION FOR PROGRAM SERVICES

Print in **Blue** or **Black** Ink Please answer the following questions about yourself What is your name? **Last Name First Name** Middle Initial Male **Female** Former TRIO: Yes No What is your mailing address? Street Address Apt# Lot# City State Zip Code County What is your home phone number? What is your cell phone number? What is your work phone number? What is your **e-mail** address? @ Contact Name **Contact Phone** Relationship \_ What is your social security number? Your Age? What is your birthdate? **Hispanic or Latino** Other: ■ African American/Black **Ethnicity** Asian American Native American or Alaskan Native Native Hawaiian or other Pacific Islander Caucasian/White ■ English as a 2<sup>nd</sup> Language? Citizenship, Military & Other Status **STEP 2:** Are you a U. S. citizen? YES NO, but I'm a permanent resident. NO, I am not a U.S. Citizen, and I am not a permanent resident. My Permanent Resident Alien Number is: Are you a veteran? YES NO Are you a military spouse? YES NO Either of your parents Military? YES NO ☐ Neither ☐ Father ☐ Mother ☐ Both Which one of your parent(s) completed a 4-yr (bachelor) degree? STEP 3: How did you hear about us? STEP 4: **Program Services Needed** ■ I need to complete my GED. ☐ HUD ■ EOC Participant ■ WSUTech □ DCF ■ Other TRIO Program ☐ wsu ■ I need to complete my High School Diploma. **Community Center UM Open Door** Workforce ■ I need assistance to apply to college/career school. Flyer/Radio/TV ■ Urban League Other: I need assistance applying for financial aid. □ вссс Family/Friend ■ I need help to transfer to a four-year university. STEP 5: **Dependents? Special Assistance Requests?** ☐ YES □ NO a. Are you married? ☐ No Special Needs **Loan Default Assistance** Career Assessment. b. Do you have children or other dependents (other than a spouse) School or College Re-Admission Assistance. ☐ YES □ NO who receive more than half of their **Disability Academic Support Information:** support from you? \_\_Learning \_\_ Hearing \_\_ Visual \_\_ Physical

STEP 7: Your Financial Informa	ation				
What is the total number of persons (includ	ling you) in your fam	ily?			
	t is your family's <b>taxable</b> (not total) <b>income</b> from ast calendar year? (Adjusted Gross Income)  Had no income  \$37,651 - \$44,130  Employed Full-Time				
☐ Had no income       \$37,651 - \$4         ☐ \$18,210 or less       \$44,131 - \$5         ☐ \$18,211 - \$24,690       \$50,611 - \$5         ☐ \$24,691 - \$31,170       \$58,091 - \$6         ☐ \$31,171 - \$37,650       \$63,571 - or	□ Employed Full-Time □ Employed Part-Time □ Unemployed □ Receiving Public Assistance □ Self-Employed				
STEP 8: Your Educational Background and Goals					
High School (Check ONE)	College (Check ON	College (Check ONE)		DESIRED MAJOR or CAREER GOAL	
☐ Graduated from High School. ☐ Earned my GED Diploma. ☐ Did NOT complete High School ☐ Highest grade completed ☐ Currently in a GED/High School Diploma Completion Program. ☐ Never attended complete of Where? ☐ Currently enrolled Where?		- did NOT complete.  □ Science □ Technology □ In college. □ Math		Desire a STEM Career? (Check one):  Science Technology Engineering Math	
STEP 9: Read Below Sign and Date					
YES, I want to participate in the TRIO/Educational Opportunity Centers Program.  By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student official academic records to the TRIO /Educational Opportunity Centers Program at Wichita State University, Wichita, Kansas, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program reporting requirements.  Applicant's Signature/Electronic Signature  Date					
<b>MEDIA AUTHORIZATION:</b> I, the under signed, authorize the TRIO/Educational Opportunity Centers Program at Wichita State University to use photographs and/or videotape with my image in Educational Opportunity Center publications, promotional media, social media, websites and/or news releases.					
Applicant's Signature/Electronic Signature			ine	/	
FOR OFFICE USE ONLY					
DETERMINATION OF PROGRAM ELIGIBILITY  Approved: Federal Eligibility Criteria met.  Not Approved: Ineligible for services: Indicate reason:		ADMINISTRATIVE REVIEW OF PROGRAM ELIGIBILITY  Based on a review of this application and supporting documents, the status of this applicant stands as was determined by EOC program staff.			
EOC Staff(Print Name) / /20 (Signature)		Executive  Director / /20  (Signature)			
Date of Application Entry Into Database//20 Initials of Data Entry Staff					
Eligibility: LI&FG LI Only FG Only Other HSD GED COLLEGE					

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