

SWTJC-TRiO EDUCATIONAL OPPORTUNITY CENTERS



PARTICIPANT INTAKE FORM



DEMOGRAPHICS

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Date of Birth: _____ DL/ID: _____ State: _____

Gender: Male Female Ethnicity: _____ Immigration Status: _____

Resident Alien # _____ "Since" Date: _____ Marital Status: _____ Date: _____

CONTACT INFORMATION

Mailing Address: _____ City: _____ State: _____ Zip code: _____

County: _____ Phone #: _____ E-mail: _____

EDUCATIONAL INFORMATION

Starting Status: High School Graduate: ___ High School Senior 12th: ___ College Stop out: ___ Other: _____

College student persistent: ___ College student transfer: ___

No H.S. diploma enrolled in GED/HSE: ___ No H.S. diploma NOT enrolled in GED/HSE: ___

School Information: High School name: _____ Graduation Date: _____

College planning on attending: _____ Student ID: _____

College transferring: _____ Term/ Year: _____ / _____

DEPENDENCY & ELIGIBILITY

Parents Information: Marital status: _____ Date: _____ Household size: _____

Household total income: \$ _____ Education level: _____ Father _____ Mother Phone# _____

Parent's e-mail: _____ Government assistance: ___ SNAP ___ WIC ___ Medicaid

Student's Information: Military connected student: Yes / No Status: _____

Currently a TRiO participant: Yes / No Program's name: _____

Participant Authorization: I certify that the information provided by me on this application is true and correct to the best of my knowledge. I understand that in order to receive SWTJC-EOC services, I must provide proof of family income. I authorize the release of transcripts, other academic records, admissions and financial aid information to the SWTJC-EOC program for the purpose of developing education plans, complying with income verification and meeting the reporting requirements of the U.S. Department of Education.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

OFFICE USE ONLY

Income verification: FAFSA EFC ___ 1040 Income tax form ___ IRS Transcript ___ Affidavit ___

Eligibility: First Generation & low Income ___ Low income only ___ First Generation only ___

Budget Period Year: _____ - _____

Residency eligibility: Government issued ID ___ Passport ___ Permanent resident card ___

Participant Individual Education Plan

EDUCATIONAL GOALS:

- Obtain a High School Diploma _____
- Obtain a GED Certificate _____
- ESL tutorials/classes _____
- Obtain a Technical Certificate _____
- Obtain an Associate's Degree (AA or AAS) _____
- Obtain a Bachelor's degree _____
- Other _____

EDUCATIONAL ADVISEMENT NEEDED:

- GED classes and testing _____
- ESL tutorials _____
- Careers and training requirements _____
- College entrance exams/assessments _____
- Assistance in locating college/university of choice _____
- Assistance in completing college admission application(s) _____
- Assistance in completing Federal Financial Aid application (FAFSA) _____
- Other _____

Career Interest:

- First Choice: _____
- Second Choice: _____
- Undecided: _____

Student's Signature

Date



Participant Ending Status Report



Name: _____

SSN _____

<p>ENDING SECONDARY STATUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrolled in GED/HSE <input type="checkbox"/> Not enrolled in GED/HSE <input type="checkbox"/> In secondary school 12th grade only <input type="checkbox"/> Received H.S. diploma <input type="checkbox"/> Obtained GED/HSE <input type="checkbox"/> Applied for Financial Aid <input type="checkbox"/> Applied for Admission <input type="checkbox"/> Referrals: 	<p>Date: _____</p> <p>Other explained: _____</p> <p style="text-align: right;">Staff Initials: _____</p>
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<p>ENDING POSTSECONDARY STATUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrolled in GED/HSE & postsecondary <input type="checkbox"/> Not enrolled in GED/HSE & in college <input type="checkbox"/> Postsecondary admission <input type="checkbox"/> Postsecondary transfer/re-entry <input type="checkbox"/> Postsecondary persistence <input type="checkbox"/> Applied for admission <input type="checkbox"/> Applied for financial aid <input type="checkbox"/> Referrals: 	<p>Date: _____</p> <p>Other explained: _____</p> <p style="text-align: right;">Staff Initials: _____</p>
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<p>OTHER SERVICES OFFERED</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tutoring <input type="checkbox"/> Test & study skills Development <input type="checkbox"/> Career Counseling <input type="checkbox"/> Academic guidance <input type="checkbox"/> Placement Exams <input type="checkbox"/> Student engagement activities <input type="checkbox"/> Referrals 	<p>Date: _____</p> <p>Other explained: _____</p> <p style="text-align: right;">Staff Initials: _____</p>
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EOC SPECIALIST AUTHORIZATION SECTION

EOC Specialist signature: _____ Date: _____

Budget period: _____ - _____