



Heart of Appalachia Educational Opportunity Center
Marshall University, One John Marshall Drive, Huntington WV 25755
1-877-201-3779 or 304-696-3031

Name: _____ SS Number: _____-_____-_____

Address: _____ County: Lincoln Mason Wayne
(Number and Street)

(City, State, Zip) Phone: (#1) _____ Phone: (#2) _____

Date of Birth: ____/____/____ Are you a veteran? ___Yes ___No
(Month) (Day) (Year)

Sex: ___Female ___Male E-mail address: _____

Did either of your parents receive a 4-year college degree (bachelor's degree)? ___Yes ___No

How many people currently live in your household? (Please circle)
1 2 3 4 5 6 7 8 9 10 (if more than 10, please specify exact number)

What was your total **taxable** income for the last year? (Please note: **Taxable income** is the amount of income you actually paid taxes on, **NOT** your gross income. You may need to check your income tax form for this amount.)

If you know your taxable income for last year, please enter amount here: _____ if exact amount is not available, please indicate the range your taxable income falls:

___\$0-\$14,355

___\$14,356-\$19,245

___\$24,136-\$29,025

___\$33,916-\$38,805

___\$43,696-\$48,585

___\$19,246-\$24,135

___\$29,026-\$33,915

___\$38,806-\$43,695

___over \$48,586

Are you a U.S. citizen? ___Yes ___No

Are you a permanent resident of the United States, or can you provide documentation from U.S. Immigration and Naturalization Service of your intent to become a permanent resident? ___Yes ___No

Race/Ethnicity:

___White ___American Indian or Alaska Native ___Asian ___Black or African American

___Hispanic or Latino ___Native Hawaiian or other Pacific Islander ___More than one race reported

(Optional) If English is not your native language, do you need assistance with English language proficiency? ___Yes ___No

Are you currently employed? ___Full-time ___Part-time ___Unemployed ___Disabled ___Other _____

What is your marital status? ___Single/Divorced ___Married ___Other

(Please continue on the reverse side of this form)

Please circle the highest grade in school you have completed:

1 2 3 4 5 6 7 8 9 10 11 12

Please check any of the following that apply:

___ Received High School diploma (please give date) _____

___ Currently attending GED classes (name of the center or school) _____

___ Received GED (please give date) _____

___ Have attended college but did not complete a degree (name of college you attended) _____
Last date attended _____

___ Have received an associates degree (name of school) _____

___ Currently in college (name of school) _____

What types of school are you interested in attending?

___ Vocational/Technical School ___ 2 year college ___ 4 Year College

What major or career are you interested in pursuing? _____

List any schools you would like information about: _____

When would like to start? ___ Fall 2005 ___ Spring 2006 ___ Summer 2006

Other (please explain) _____

What kind of educational support do you need to continue or begin post-secondary education? (Check as many as needed)

___ Financial aid help ___ Admissions help ___ Career Search help ___ Academic Advising help

___ Study Skills Instruction ___ Counseling ___ Tutoring

How did you learn about the Heart of Appalachia EOC? ___ Friends ___ Newspaper ___ Radio/TV

___ Billboard ___ EOC Counselor (Presentation or Workshop) ___ Other (explain) _____

I hereby authorize any school, college, or university to release any academic and financial aid information from my files requested by the Heart of Appalachia Educational Opportunity Center (HAEOC). I hereby authorize HAEOC to release academic and financial aid information to assist in my education. I hereby authorize governmental agencies to release to HAEOC the financial documentation necessary to enable my participation in the program.

Signed: _____ Date: _____

For EOC Office use only:	Date Received: _____
___ FAFSA	Follow-up or additional information:
___ Admissions Form	_____
EOC Packet	