



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



TRiO
E D U C A T I O N A L
O P P O R T U N I T Y C E N T E R S

Name: _____ SS Number: _____ - _____ - _____

Address: _____ County: Lincoln Mason Wayne
(Mailing Street Address)

(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)

Are you a U.S. citizen? ____ Yes ____ No

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 - \$16,755	____ \$28,636 - \$34,575	____ \$46,456 - \$52,395
____ \$16,756 - \$22,695	____ \$34,576 - \$40,515	____ \$52,396 - \$58,335
____ \$22,696 - \$28,635	____ \$40,516 - \$46,455	____ \$58,336 & over

Race/Ethnicity:

____ White	____ Asian	____ Hispanic or Latino
____ American Indian or Alaska Native	____ Native Hawaiian or other Pacific Islander	____ Black or African American
		____ More than one race reported

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

(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 (Please give maiden name) _____
____ Other (Please specify) _____

(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) _____ (name of High School) _____

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

____ Received GED (please give date) _____ Would like information on obtaining a GED _____

____ 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 all schools you would like information about: _____

When would you like to start? _____ Spring 2013

_____ Summer 2013

_____ Fall 2013

_____ 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

____ Career Search help

____ Admissions help

____ Academic Advising help

____ Study Skills Instruction

____ Counseling

____ Tutoring

How did you learn about the Heart of Appalachia EOC?

____ Friends ____ Newspaper ____ Radio/TV

____ Poster/Sign ____ EOC Counselor

____ EOC 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.

Please!

Sign: _____ **Date:** _____

For EOC Office use only:

____ FAFSA completed

____ Admissions Form completed

____ EOC Packet provided

Date Received: _____

Follow-up or additional information:

Duplicate _____ Reactivated _____