



Heart of Appalachia Educational Opportunity Center

Marshall University, One John Marshall Drive, Huntington WV 25755

Name _____ **SS Number** _____ - _____ - _____
First Name Middle Initial Last name

Address _____

Date of Birth ____/____/____ **Are you a U.S. citizen?** ___ Yes ___ No

Did either of your parents receive a 4-year college degree (bachelor's degree)? ___ 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
- Asian
- Hispanic or Latino
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- More than one race reported

Are you military connected?

- An Honorably Discharged Veteran
- Currently Active Duty Military
- Spouse of Active Duty Military
- Child of Active Duty Military (24 or under)
- Not Applicable

Please check any of the following that apply:

Received high school diploma Date ____/____/____

Name of high school _____ State _____

Received GED Date ____/____/____ State _____

Have attended college but did not complete a degree Last date attended ____/____/____

Name of college _____

Received associate's degree? Date ____/____/____

Name of college _____ State _____

Received bachelor's degree? Date ____/____/____

Name of college _____ State _____

Currently attending classes at Lakin Yes No

Offered by MCTC WVUP Lakin Staff Other _____

What is your current or last class? _____

Date started? ____/____/____ Currently Attending _____ Date completed ____/____/____

Signature _____ **Earliest possible release date** ____/____/____

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.

For EOC Office use only:	Date Received ____/____/____
<input checked="" type="checkbox"/> Financial Aid Assistance	
<input checked="" type="checkbox"/> Admission Application	
<input checked="" type="checkbox"/> EOC Packet	
	Revised 03-14-14