Heart of Appalachia
Educational Opportunity Centers

Marshall University, One John Marshall Dr.,
Huntington, WV 25755

304-696-3031

TRIO
EDUCATIONAL OPPORTUNITY CENTERS

Name:_____

Mailing Address:

_____**County**:_____

(City, State, Zip)_____

Phone (Cell): _____**Phone (Alternative):**_____

E-mail Address: _____**Date of Birth:** _____/_____/_____

Did either of your parents receive a 4-year college degree (bachelor's degree)? _____ Yes _____ No

Including yourself, how many people live in your household? _____

Did you have a job last year? ___Yes ___No. If **yes**, 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 where your taxable income falls:

_____$0 - $23,475
_____ $23,476 - $31,725
_____$31,726 - $39,975
_____ $39,976 - $48,225
_____$48,226 - $56,475
_____$56,476 - $64,725
_____ $64,726 - $72,975
_____$72,976 - $81,225
_____ > $81,226

Please print and sign your name to verify that the information provided above is correct.

Print Name: _____**Sign Name:** _____**Date:**_____

Are you currently in the ___HATS Program ___Student Support Services (SSS) ___TRIO ___Upward Bound ___N/A

Race/Ethnicity:

_____ White
_____American Indian or Alaska native
_____ Asian
_____ More than one race
_____Native Hawaiian or other Pacific islander
_____ Hispanic or Latino
_____ Black or African American

Gender: _____Female _____Male

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

Are you currently employed? _____ Yes _____No

What is your marital status? _____Married (Maiden Name?) _____

_____Single _____ Widow _____Divorced _____Legally Separated

Have you, a parent, or spouse currently or previously been in the military? ____Yes _____No

If yes, please explain? _____

Did you graduate high school or receive your GED ? _____ Yes _____ No. **If no**, what was the last grade that you completed? _____

Are currently enrolled in a GED program or class? Yes _____No _____N/A _____If yes, Where_____

Are you currently in _____High School _____2-year College Program _____ 4-year College Program _____N/A

Do you have an associate's (two-year) degree? ____Yes ____No

Do you have a bachelor's (four-year) degree? ____Yes ____No

If you are in college, what college are you attending?_____

If you stopped attending college and have yet to complete your degree, please list the name of the college you attended and the last time you attended.

Name of College _____Last Date Attended _____

What kind of assistance do you need to continue or begin your post-secondary education? (Check all that apply)

_____ Help applying for financial aid/FAFSA

_____Help completing a 2-year or 4-year college degree

_____Help with applying to college

_____ Help with financial literacy

_____ Help passing the GED

_____Help with study skills

_____ Help finding a career

_____ Academic advising

_____Help with defaulted student loans

_____Help finding scholarships

What types of school are you interested in attending? _____2-year _____4-year _____Trade School

What major or career are you interested in pursuing? _____

When would you like to start school? ? ____Fall ____Spring _____Summer What Year? _____

Have you worked with the Heart of Appalachia EOC Program before? _____Yes _____No

If you answered yes, whom did you work with? _____Patty Moore _____Roxanne Smith

How did you learn about the Heart of Appalachia EOC? _____

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.

Print Name: _____Sign Name: _____ Date:_____

For EOC Office use only:

Date Application Received: _____ Date EOC Services Packet Provided: _____

Qualification: Both _____ Other _____ Entered in Blumen: ____Yes ____ No, Date Entered:_____

Duplicate: _____ Reactivated:_____

Services Provided: _____

_____

Counselor's Signature: _____Director's Signature:_____