



Heart of Appalachia
Educational Opportunity Center
Marshall University, One John Marshall Drive,
Huntington WV 25755
304-696-3031



Name: _____ SS Number: _____ - _____ - _____
(First Name) (Middle Initial) (Last Name)

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

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

Phone: (#2) _____

E-mail address: _____ Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Are you Military connected as?

_____ An Honorably Discharged Veteran

Gender: _____ Female _____ Male

_____ Currently Active Duty Military

_____ Spouse of Active Duty Military

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

_____ Child of Active Duty Military (24 years of age or under)

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

How many people currently live in your household? _____

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 - \$17,505

_____ \$29,685 - \$35,775

_____ \$47,955 - \$54,045

_____ \$17,505 - \$23,595

_____ \$35,775 - \$41,865

_____ \$54,045 - \$60,135

_____ \$23,595 - \$29,685

_____ \$41,865 - \$47,955

_____ \$60,135 & 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?

_____ Yes _____ No

What is your marital status?

_____ Married (Maiden Name?) _____

_____ Single _____ Divorced _____ Legally Separated

(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 TASC/GED classes (name of the center or school) _____

____ Received TASC/GED (please give date) _____ I would like information on obtaining a TASC/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 (Associate Degree)
____ 4 Year College (Bachelor Degree)

What major or career are you interested in pursuing? _____

List all schools you would like information about: _____

When would you like to start? _____ Spring 2016
____ Summer 2016
____ Fall 2016
____ 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?

____ EOC Presentation, Workshop or referred by:

Have you been served by another federally funded education program, for example, Veterans Upward Bound, during the past year?

____ Yes ____ No

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:

Date Received: _____

____ FAFSA completed

Follow-up or additional information:

____ Admissions Form completed

____ EOC Packet provided

Duplicate _____ Reactivated _____