



EDUCATIONAL OPPORTUNITY CENTER

# TRIO EDUCATIONAL OPPORTUNITY CENTER (EOC) PROGRAM APPLICATION

TRIO Educational Opportunity Center (EOC) is a federally funded grant program through the US Department of Education. EOC assists adults of ages 19 and above and U.S. veterans to enroll in and complete a post-secondary education program.

*All services are provided free of charge to participants who meet the eligibility requirements.*

Per the Family Educational Rights and Privacy Act (FERPA), information in this application is **confidential** - we will protect your sensitive personal data. **PRINT CLEARLY.** Incomplete applications may be returned to you or rejected.

## DEPENDENCY STATUS

If you can check any of the following boxes, you are an independent student. If you cannot check any of the following boxes you are a dependent student. Dependent students must provide parent information. *\*(please select all that apply to you)*

- I am at least 24 years old
- I have or will have children who I will provide more than half of their support for (other than support from parents) during the award year (July 1 - June 30)
- I have dependents (other than a spouse or children) who live with me and I will provide more than half of their support during the award year (July 1 - June 30)
- I was in foster care or a dependent or ward of the court since turning age 13
- I am currently or was an emancipated minor
- I am currently or I was in a legal guardianship (court-appointed to someone other than parents)
- Since I turned age 13, both of my parents were deceased
- I am homeless or am at risk of being homeless
- I have a special circumstance
- None of the questions apply to me

## PARTICIPANT INFORMATION

### LEGAL NAME

First Name:	Middle Initial:	Last Name:
SOCIAL SECURITY NUMBER: <i>(a social security number is required to complete an application)</i>		
EMAIL ADDRESS:		
PRIMARY PHONE # (xxx-xxx-xxxx)		

Would you like to receive text messaging with this phone number?

- YES  NO  This # does not receive text messages

What is your preferred method of communication?

- PHONE  EMAIL  TEXT MESSAGING

<b>STREET ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>DATE OF BIRTH : (MM/DD/YYYY)</b>		<b>CURRENT AGE:</b>

**GENDER**

FEMALE  MALE  I PREFER NOT TO ANSWER

**CITIZENSHIP STATUS**

U.S. CITIZEN  PERMANENT RESIDENT  OTHER

**MARITAL STATUS**

MARRIED  NEVER MARRIED  DIVORCED  WIDOWED  SEPARATED

**RACE**

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Biracial / Multiracial  Hispanic or Latino

**IS ENGLISH YOUR PRIMARY LANGUAGE?**

YES  NO

**PROGRAM ELIGIBILITY**

**What is your military connection status?**

NOT APPLICABLE  ACTIVE DUTY  SPOUSE OF ACTIVE DUTY  VETERAN  CHILD OF ACTIVE DUTY

**Size of your family household**

*(Family size is the number of people for whom the parent (if dependent) or the student (if independent) provides more than 50% of their support for the entire award year (July 1 - June 30) - **Include Yourself.**)*

1 person  2 people  3 people  4 people  5 people  6 people  7 people  8+ people

**Family Taxable Income**

<input type="checkbox"/> Less than \$19,320	<input type="checkbox"/> Less than \$39,750	<input type="checkbox"/> Less than \$60,180
<input type="checkbox"/> Less than \$26,130	<input type="checkbox"/> Less than \$46,560	<input type="checkbox"/> Less than \$66,990
<input type="checkbox"/> Less than \$32,940	<input type="checkbox"/> Less than \$53,370	<input type="checkbox"/> More than \$66,900

**Did either of your parent (s) or legal guardians complete a 4-year (bachelor) degree program?**

YES  NO

**What is your current level of education?**

<input type="checkbox"/> Enrolled in high school (12 <sup>th</sup> grade)	<input type="checkbox"/> Did not finish college
<input type="checkbox"/> Did not finish high school – <b>NOT ATTENDING</b>	<input type="checkbox"/> Vocational/technical school certificate
<input type="checkbox"/> Enrolled in GED/Alternative Education	<input type="checkbox"/> Presently attending college
<input type="checkbox"/> High school graduate	<input type="checkbox"/> College graduate – <b>ASSOCIATES DEGREE</b>
<input type="checkbox"/> GED graduate	<input type="checkbox"/> College graduate – <b>BACHELORS DEGREE</b>
<input type="checkbox"/> Never enrolled in college	<input type="checkbox"/> College graduate – <b>MASTERS DEGREE</b>

**Check if you are currently a participant in any of the federal programs listed below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Upward Bound (UB) /Math and Science (UBMS) | <input type="checkbox"/> GEAR UP           |
| <input type="checkbox"/> Educational Talent Search (ETS)            | <input type="checkbox"/> McNair            |
| <input type="checkbox"/> Student Support Services (SSS)             | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Veterans Upward Bound (VUB)                |  |

**Check all services needed**

- |   |   |
|---|---|
| <input type="checkbox"/> Admissions and College Applications              | <input type="checkbox"/> GED Referral                                   |
| <input type="checkbox"/> Financial Aid Assistance (FAFSA)/FSA ID          | <input type="checkbox"/> Counseling and Disability Referral Services    |
| <input type="checkbox"/> College Transfer Assistance                      | <input type="checkbox"/> Major and Career Exploration                   |
| <input type="checkbox"/> Financial Aid Probation/ SAP Appeal Assistance   | <input type="checkbox"/> Ex-Offender Referral Services                  |
| <input type="checkbox"/> Student Loan Entrance Counseling/Promissory Note | <input type="checkbox"/> Homeless & Foster Youth Educational Assistance |
| <input type="checkbox"/> Scholarship Assistance                           | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Student Loan Default Assistance                  |   |
| <input type="checkbox"/> Financial Literacy Budget Planning               |   |

I hereby certify the information I have furnished regarding my eligibility status answering the questions listed above are true to the best of my knowledge and hereby grant Owens State Community College TRIO Educational Opportunity Center permission to have access to my official academic, financial, and institutional records in order to complete my application.

- ✓ Furthermore, I understand that all my records are kept confidential and in accordance with Owens Community College and Federal Privacy Laws.
- ✓ I certify that the above information is complete and accurate to the best of my knowledge.
- ✓ I give permission for release of my data (name, photos, data related to awards and achievements) for purpose of awards, recognition and advertising.

**Please sign, date and return this form.** If you are considered a dependent, as defined by Free Application for Federal Student Aid (FAFSA), you must have your parent/guardian sign and date this form.

**Print student name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent Signature if dependent student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

TRIO Educational Opportunity Center (EOC) is hosted at Owens Community College but will help individuals who desire to attend any college/university.

*TRIO programs are federally funded through the U.S. Department of Education.*

**Email: [trioeoc@owens.edu](mailto:trioeoc@owens.edu)**

**Phone: 567.661.7300**

## ***TeleFinancialAid Consent***

“Telefinancialaid Assistance” is defined as a method to deliver EOC financial aid (FAFSA) assistance and other services using live chat, telephone sessions or video conferencing to facilitate EOC services while the student and the EOC Staff are at two different locations.

I understand that I have the following rights and must meet the following requirements with respect to Telefinancialaid Assistance:

1. I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn I can request referral to my colleges/university financial aid office.
2. The laws that protect the confidentiality of my personal information also apply to EOC telefinancialaid assistance. As such, I understand that the information disclosed by me during my sessions is confidential and will not be shared with a third party unless authorized to do so.
3. I understand the following and limitations of telefinancialaid assistance:
  - a. Telefinancialaid assistance may have disruptions or delays in the service and quality of the technology used.
  - b. In rare cases, security protocols could fail, and your confidential information could be accessed by unauthorized persons.
4. When receiving telefinancialaid assistance it is also required that I:
  - a. Dress as you would if attending a face to face session.
  - b. Engage in sessions only from a private location where you will not be interrupted.
  - c. Do not record any sessions.

I understand that if an EOC Staff Member believes I would be better served by another form of assistance (ex. face-to-face services ) I will asked to schedule an appointment or be referred to my colleges/university financial aid office.

### **After reviewing this information:**

**I wish to engage** in telefinancialaid assistance with an EOC Staff member

**I decline** telefinancialaid assistance and will schedule a face-to-face appointment in the EOC office.

*By electronically signing this document, I acknowledge that I have read and understood the information provided above and that I consent to the provisions described.*

Print student name: \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**Parent Signature if dependent student:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_