

## **Educational Opportunity Center**

At Lake Michigan College

Program A	pplication
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Site:			

L.E.P

2755 E. Napier Avenue Benton Harbor, MI 49022 • 269-927-8100 • Toll-free: 800-252-1562 • Fax 269-927-8175

The Educational Opportunity Center is funded by a US Department of Education grant

#### **DEMOGRAPHIC DATA (Please Print)**

Applicati	on Date				*Social Security #:
Name:					Date of Birth:
	Last	First		Middle Initial	Date of Birth.
Address:					Place of Birth:
	Street				(City, State, Country)
	City	State	Zip	County	GENDER:
	,		ŗ	,	[ ] Female
Permanent Address:		[ ] Male			
		Street			MADITAL STATUS.
					MARITAL STATUS:
	City	State	Zip	County	[ ] Single with (Children) Dependents/head of household
					[ ] Single [ ] Married Date:
Home Ph	one		Cell Phone		[ ] Divorced Date:
Email Ad	dress				[ ] Separated Date: [ ] Widowed Date:
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### **ELIGIBILITY**

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INFORMATION: [ ] Employed	RESIDENCY STATUS:  [ ] Citizen of the US	FAMILY SIZE (# you claim)	2017 FEDERAL LOW INCOME GUIDELINES
[ ] Unemployed [ ] Disabled	[ ] US Naturalized (obtained Citizenship)	Fill in circle	
[ ] Public Assistance	[ ] Legal Resident	1	\$18,090
[ ] Social Security (SSI)	(green card, visa, etc.: Documentation Required)	2	\$24,360
[ ] Incarcerated	[ ] other (Documentation Required)	3	\$30,630
Release Date: DOC #:	BALLITA DV CTATLIC.	4	\$36,900
	MILITARY STATUS:  [ ] Veteran	\$	\$43,170
	[ ] Active duty	6	\$49,440
DA GWODOUND	[ ] Registered with Selective Service Board	Ø	\$55,710
BACKGROUND:	(Male 18 and older) [ ] unknown	8	\$61,980
Mother has a 4 year college degree YES NO Father has a 4 year college degree YES NO	<ul> <li>[ ] Are you the spouse or a child of an active duty military person?         SPOUSE CHILD</li> <li>[ ] Not applicable</li> </ul>	Please Check: I hereby certify, under penalty of perjury, that my income  ☐ Does ☐ Does Not  Exceed the levels listed above on the size of my family unit.	

#### **EDUCATIONAL STATUS**

(Check all that apply):	
[ ] HS Senior:	School Attending:
[ ] Currently in a GED/HS Program	School
[ ] HS Drop Out:	Last Year Grade Attended
[ ] HS Graduate:	SchoolYear Graduated City/State
[ ] GED Program Graduate	Year graduated
[ ] Vocational/Technical Certificate	Program of Study: Year graduated:
[ ] Some College:	School: Dates Attended:
[ ] College Graduate	[ ] 2-year [ ] 4-year Year graduated:

EDUCATIONAL ASSISTANCE NEEDED				
(Check all that apply):				
[ ] GED information	[ ] College applications			
[ ] GED/Assessment tutoring	[ ] College exploration			
[ ] Financial Literacy	[ ] College placement exams/tutoring			
[ ] Financial Aid/FAFSA	[ ] Career options/information			
[ ] Financial Aid Appeals	[ ] Academic Advising			
[ ] Scholarships/ other aid options	[ ] Veteran Services			
[ ] Transcript request High School/GED/College	e [ ] Other			
Educational Goal: [ ] Earn GED/HSD [ ] Earn	n Vo/Tech Certificate [ ] Earn Associates/Bachelor's Degree [ ] Other			
Career Interest:				
Example: Business/HVAC/CAD/Dentistry/	Nursing			
Are you CURRENTLY participating in a TRIO Pro	ogram? (*please check all those that apply).			
	Upward Bound [ ] Upward Bound Math-Science [ ] Veterans Upward bound			
l	t Search [ ] GEAR UP [ ] Student Support Services [ ] Other			
If Yes when and where?				
STATEMENT OF R	ELEASE OF INFORMATION AND CONFIDENTIALITY			
I understand that to be admitted to the EOC pr	ogram, I must provide my Social Security number.			
I hereby consent the release of my post-secondary information to the EOC program at Lake Michigan College, effective for the period of time that I am an active EOC participant and receive EOC services.  I affirm that my reported income does or does not exceed the levels listed in the Eligibility/Income section of the application.				
I understand that the Educational Opportunity Center is a federally-funded program, this application is subject to review by Federal authorities, and I will be held responsible for the certifications made by my signature.				
I affirm all information provided on this applicat	tion is true and accurate to the best of my knowledge.			
*Applicant Printed Name:				
*Applicant Signature:	Date:			
*If you are a dependent student, this form needs to be completed and signed by your parent/guardian who claims you for federal income tax purposes.				
*Parent Signature:	Date:			
	FOR OFFICE USE ONLY te Application Received EOC Staff Initials te Application Processed EOC Staff Initials			
Comments:				

# Lake Michigan College Educational Opportunity Center Ethnicity/Race Questionnaire (Supplement to EOC Application)

Please read and respond to the questions. Definitions are provided to clarify each category.

Question 1:				
Are you, the student applicant, Hispanic/Lat	ino? <b>Definitions</b> (as de	<b>Definitions</b> (as determined by the U.S Department of Education)		
Check only one: Yes No  Question 2:		person of Cuban, Mexican, Puerto Rican, South or r other Spanish Culture or origin, regardless to		
To which racial group(s) do you belong?	American Indian or	Alaska Native: A person having origins in any of		
Check all that apply: (see definitions to right		of North and South American (including Central aintains a tribal affiliation or community		
American Indian or Alaska Native	e <b>Asian:</b> A person havi	ing origins in any of the original peoples of the Far		
Asian	example Cambodia,	n, or the Indian subcontinent including, for China, India, Japan, Korea, Malaysia, Pakistan, the nailand, and Vietnam.		
Black or African-American	Black or African-Am racial groups of Afric	erican: A person having origins in any of the Black		
Native Hawaiian or Other Pacific	isiariaci	Other Pacific Islander: A person having origin in eoples of Hawaii, Gran, Samoa, or Pacific Islands.		
White		<b>White</b> : A person having origins in any of the original peoples of Europe, the Middle East, or North Africa		
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Student Name (Printed)	Student Signature	Date		