



Site:

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)**

Application Date				*Social Security #: *required for EOC services
Name:	Last	First	Middle Initial	Date of Birth: _____ Age _____
Address:	Street			Place of Birth: _____ (City, State, Country)
	City	State	Zip	County
Permanent Address:	Street			<b>GENDER:</b>
	City	State	Zip	County
Home Phone	Cell Phone			
Email Address				<b>MARITAL STATUS:</b>
				Female Male
				Single with (Children) Dependents/head of household Single Married Date: _____ Divorced Date: _____ Separated Date: _____ Widowed Date: _____

**ELIGIBILITY**

<b>INFORMATION:</b> Employed Unemployed Disabled Public Assistance Social Security (SSI) Incarcerated Release Date: DOC #:  <b>BACKGROUND:</b> Mother has a 4 year college degree YES NO  Father has a 4 year college degree YES NO	<b>RESIDENCY STATUS:</b> Citizen of the US US Naturalized (obtained Citizenship) Legal Resident (green card, visa, etc.: <b>Documentation Required</b> ) other (Documentation Required)	<b>FAMILY SIZE (# you claim)</b>	<b>2021 FEDERAL LOW INCOME GUIDELINES</b>
		1	\$19,320
		2	\$26,130
		3	\$32,940
		4	\$39,750
		5	\$46,560
		6	\$53,370
		7	\$60,180
		8	\$66,990
	<b>MILITARY STATUS:</b> Veteran Active duty Registered with Selective Service Board (Male 18 and older) <b>unknown</b> Are you the spouse or a child of an <b>active duty</b> military person? SPOUSE CHILD  Not applicable	<b>Please Check:</b> I hereby certify, under penalty of perjury, that my <b>taxable</b> income Does Does Not <b>Exceed</b> the levels listed above on the size of my family unit.	

**EDUCATIONAL STATUS**

<b>(Check all that apply):</b>			
HS Senior:	School Attending:		
Currently in a GED/HS Program	School		
HS Drop Out:	Last Year Grade Attended		
HS Graduate:	School	Year 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	Other

**Educational Goal:**    Earn GED/HSD    Earn Vo/Tech Certificate    Earn Associates/Bachelor's Degree    Other
**Career Interest:**

Examples: Business/HVAC/CAD/Dentistry/Nursing

**Are you CURRENTLY participating in a TRIO Program?****(\*PLEASE CHECK ALL THOSE THAT APPLY).**

No	Yes	<i>if yes indicate which one:</i>	Upward Bound	Upward Bound Math-Science	Veterans Upward bound
			Talent Search	GEAR UP	Student Support Services
					Other

**If Yes when and where?****STATEMENT OF RELEASE OF INFORMATION AND CONFIDENTIALITY*****I understand that to be admitted to the EOC program, 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 application 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**

Site _____	Date Application Received _____	EOC Staff Initials _____
Eligibility __LI __FG	Date 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 applicant, Hispanic/Latino?

Check only one:      Yes                  No

**Question 2:**

To which racial group(s) do you belong?

Check all that apply: (see definitions to right)

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

**Definitions** (as determined by the U.S Department of Education)

**Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless to race.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South American (including Central America and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African-American:** A person having origins in any of the Black racial groups of Africa

**Native Hawaiian or Other Pacific Islander:** A person having origin in any of the original peoples of Hawaii, Gran, Samoa, or Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Name (Printed)

2/10/2020 kw

Signature

Date