

## **Educational Opportunity Center Program Application 2021-2022**

Print in <u>Blue</u> or <u>Black</u> Ink

STEP 1 OF 9: Adult 24+ Application	
What is your name? Last Name	
First Name  Middle Initial Sex assig	ned at birth: ☐ Male ☐ Female Pronoun preference:
What is your <b>mailing address?</b> Street Address	
City	State Zip Code
What is your <b>home</b> phone number? (	)
What is your <b>cell</b> phone number? (	) Text Opt-Out: □
What is your <b>e-mail</b> address?	
What is your birth date? / / / /	Your age?
	or Latino
STEP 2 OF 9: Citizenship	
Citizen of?  American Samoa  Federated States of Micronesia	Guam  Republic of Marshall Islands  not a permanent resident.  Republic of Palau  Northern Mariana Islands
If English is NOT your first language, do you have a difficult tir	me speaking, reading, and/or writing English?  Yes No
STEP 3 OF 9: Military-Affiliated	STEP 6 OF 9: Determination of Dependency
☐ Active Duty ☐ Spouse of Active Duty ☐ Veteran	The following questions pertain to the student applicant. If you answer "YES" to at of the questions below, the Income Verification section will be based on your (to student's) income information. If all responses are "NO", the Income Verification will be the parent's information and the application will need to signed by both the student applicant and the parent and/or guardian.
STEP 4 OF 9: Parent Education	a. Will you be 24 years of age before December  Yes  N
Do either of your parents that you regularly live with and receive support from have a Bachelor's (4-year college) degree?	
☐ Yes ☐ No  STEP 5 OF 9: Income Verification	c. Prior to reaching 18 years of age, were you an emancipated minor or have a court-appointed legal guardian?
What is the total number of persons	d. As of today, are you married?
(including you) in your family's household?  What is your family's <b>Taxable Income</b> (not total) from	e. Do you have children or dependents (other than spouse) who receive more than half their
the last calendar year? (or Adjusted Gross Income)  S OR- Not required to file taxes	support from you?  f. Are you homeless (i.e. you lack a fixed, regular, & inadequate nighttime residence) or at risk of becoming homeless?
Form 1040 Line 15	Please complete Steps 7 - 9 and provide

## **STEP 7 OF 9:** Current Education Profile

High School (Check ONE)	College (Check ONE)	Other Program Involvement
☐ Graduated from High School. ☐ Earned my GED Diploma. ☐ Did NOT complete High School Highest grade completed ☐ Currently in a GED/High School Diploma Completion Program.	<ul> <li>□ Never attended college.</li> <li>□ Attended college – did NOT complete. Number of credits earned?</li> <li>□ Currently enrolled in college. Provide name of college?</li> </ul>	How did you hear about the TRIO Program?  Are you/were you a participant of another education-focused program?

## STEP8 OF 9: Needs Assessment

How can we help you? Please check all the services you may want to use and/or need.			
<ul> <li>□ Assisting with Applying to College</li> <li>□ Budgeting &amp; Personal Financial Planning</li> <li>□ Scholarships</li> <li>□ College Degree &amp; Program Information/Major</li> <li>□ Tutoring/Academic Support</li> </ul>	<ul> <li>□ College Placement Test Tutoring and Preparation (Accuplacer, ACT, SAT, etc.)</li> <li>□ Assistance with Applying for Financial Aid (FAFSA)</li> <li>□ Career Exploration</li> <li>□ Information on GED Classes &amp; Testing</li> <li>□ High School Course Selection to Meet College Requirements</li> </ul>		
What additional challenges might keep you from going on to college or completing a college degree? Please check all that apply.			
<ul> <li>□ Ability to afford college</li> <li>□ Uncertain of which college prep courses to take</li> <li>□ Undecided about future career</li> <li>□ Not sure if I can be successful in college</li> </ul>	<ul> <li>□ No family member has attended college</li> <li>□ Rigorous college prep courses are not available at my school and/or to me</li> <li>□ Not sure of the steps to take to pursue my career of interest</li> <li>□ Not sure if I will be accepted to college</li> </ul>		



## STEP 9 OF 9: Read Below | Sign and Date

**SERVICES:** Support through all steps to apply and enroll in post-secondary education (college exploration, college match, financial aid/scholarship application completion, etc.). This program is for seniors and/or students who are primarily interested in several appointments rather than ongoing educational, cultural, and recreational activities. **PARTICIPANT EXPECTATIONS:** Meet with EOC advisor, complete financial aid forms, apply and enroll in post-secondary education.

**PHOTO RELEASE:** Unless I select to opt-out, I hereby grant the TRIO program and the University of Hawai'i Maui College the right to use and publish photographs of me, or in which I may be included, for editorial trade, advertising, and any other purpose and in any manner and medium, and to alter the same without restriction. I hereby release photographer from all claims and liability relating to said photographs (for example, the programs use student photos for brochures or promotional videos).

Optional OPT OUT if you do not agree for the use of photographs that include you.

HIGH SCHOOL & COLLEGE RECORD RELEASE: A copy of this final box of the form may be sent to secondary schools and/or colleges for release of transcripts, grades, records, test scores, status of student, and degrees earned. The TRIO programs are required to provide an annual report to the U.S. Department of Education with data obtained from individual student records, which allows for the continuation of funding to offer free student services. As such, we, the undersigned, authorize the release of official and/or unofficial documents reporting grades, test scores, student status, other academic records, and college majors/degrees to TRIO programs at the University of Hawai'i Maui College valid from the date below until six years post high school graduation. I understand that the information in these records will only be used to assess the student's need for program services, evaluate the effectiveness of program activities, and fulfill federal program-reporting requirements. Furthermore, I hereby give the TRIO programs permission to forward my information to other programs and/or department with the University of Hawai'i System whose services will best meet my needs.

Applicant Name (print):	Applicant Signature:	Date:
Parent Name (print):	Parent Signature:	Date:

(Students who answered "NO" to all of the dependency questions MUST have a parent's signature on their application)



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This institution is an equal opportunity provider.