

## EDUCATIONAL OPPORTUNITY CENTER APPLICATION

Location:  Cullman  Decatur  Huntsville  Scottsboro  Other: \_\_\_\_\_

### Section A: Demographic Information

Name: First		Maiden/Middle		Last		Social Security Number:	
Address: Street		City		State		Zip Code	
Date of Birth: (mm/dd/year)		Age:	Phone #		Email Address:		Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Alien Reg. # A:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status as of TODAY <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you military connected? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse of Active Duty <input type="checkbox"/> Child of Active Duty			
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (Specify) _____						Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed	

Your highest grade level Completed as of the date of this application: (Select only ONE!)

<input type="checkbox"/> H.S. Graduate, Year: _____	<input type="checkbox"/> GED Graduate, Year _____
<input type="checkbox"/> H.S. Dropout	<input type="checkbox"/> Adult w/o H.S. Credentials
<input type="checkbox"/> In H.S.-Grade last completed _____	<input type="checkbox"/> Adult w/o H.S. Credentials currently enrolled in GED program
<input type="checkbox"/> College Transfer	<input type="checkbox"/> College Dropout
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Currently in college (circle year completed: Freshman    Sophomore    Junior    Senior)	

School/College you are currently attending:	Enrolled date:	Major:
School/College you are planning to attend:	Enrolled date:	Major:

Services you need: (You may select more than one)

<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> Verification	<input type="checkbox"/> ACT Preparation	<input type="checkbox"/> Personal Counseling
<input type="checkbox"/> FAFSA Electronic Filing	<input type="checkbox"/> Admission Application Assistance	<input type="checkbox"/> Scholarship Assistance	<input type="checkbox"/> Loan Default Assistance
<input type="checkbox"/> Paper FAFSA Assistance	<input type="checkbox"/> Academic Counseling/Advising	<input type="checkbox"/> Loan Counseling	<input type="checkbox"/> College Tutoring
<input type="checkbox"/> SAR Corrections	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> College Search	<input type="checkbox"/> GED Preparation/Info.
<input type="checkbox"/> SAR Interpretation	<input type="checkbox"/> ASVAB Preparation	<input type="checkbox"/> Financial/Economic Literacy	

### Section B: Family Information

How many people live in your household, including any children away at school or college?

Does anyone in your household receive free or reduced price lunch meals at school?  Yes  No

### Section C: Parent's Personal and Educational Information

Did either of your parents complete a 4-year college degree?  Yes  No

Applicant's father completed: (check one)

Grade 1-8     Grade 9-11     H.S. Graduate     2-Year Degree     4-Year Degree

Applicant's mother completed: (check one)

Grade 1-8     Grade 9-11     H.S. Graduate     2-Year Degree     4-Year Degree

**For Office Use ONLY!**

**Section D: Income Documentation**

**Documentation of family income is REQUIRED in order to be considered for participation in any NACEE program**

**2015 Taxable Income**

Fill in the 2015 taxable income on the appropriate line. DO NOT use adjusted gross income for this report.

\$ \_\_\_\_\_ Line 43 – Form 1040    \$ \_\_\_\_\_ Line 27 – Form 1040A    \$ \_\_\_\_\_ Line 6 – Form 1040EZ

\$ \_\_\_\_\_ Non-tax Filer Form    \$ \_\_\_\_\_ Certificate of Income Level     Free and Reduced Lunch Recipient

Using the same amount, please check the appropriate family income range on the following scale. DO NOT use the adjusted gross income for this report.

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> 1. \$0 - \$18,090      | <input type="checkbox"/> 2. \$18,091 - \$24,360 | <input type="checkbox"/> 3. \$24,361 - \$30,630 | <input type="checkbox"/> 4. \$30,631 - \$36,900 | <input type="checkbox"/> 5. \$36,901 - \$43,170 |
| <input type="checkbox"/> 6. \$43,170 - \$49,440 | <input type="checkbox"/> 7. \$49,441 - \$55,710 | <input type="checkbox"/> 8. \$55,711 - \$61,980 | <input type="checkbox"/> 9. Above \$61,981      |   |

**Section E: Untaxed Income**

If you did not file a tax return or if you receive any untaxed benefits, please list the amount shown on your 2015 "End of Year" statement(s) for all members of your family living in your household.

\$ _____ Child support received	\$ _____ Worker's compensation
\$ _____ Welfare benefits (Do not include food assistance)	\$ _____ Veteran's benefits
\$ _____ Social Security benefits that were not taxed	\$ _____ Any other untaxed income & benefits

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Low income & first generation                  | <input type="checkbox"/> First generation only                            | Cohort year: _____   | Status: _____                         |
| <input type="checkbox"/> Low income only                                | <input type="checkbox"/> Neither LI or FG                                 | Termination date: _____  |                                       |
|   |   | Counselor: _____   |                                       |
| Postsecondary placement:  | <input type="checkbox"/> Public two-year school                           | <input type="checkbox"/> Private, non-profit, two-year school  | <input type="checkbox"/> Armed forces |
|   | <input type="checkbox"/> Public four-year school                          | <input type="checkbox"/> Private, non-profit, four-year school |                                       |
|   | <input type="checkbox"/> Public or non-profit vocational/technical school |  |                                       |
|   | <input type="checkbox"/> Proprietary school                               |  |                                       |
| College ready: <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school: _____   |  |                                       |

**Section F: Client and Counselor Signatures**

**All information shared with the North Alabama Center for Educational Excellence is strictly confidential and is used solely for determining client's eligibility for project participation. Additional proof of income or family benefits may be required.**

Office location and phone numbers:

**Cullman 256.739.2382 / Decatur 256.350.6478 / Huntsville 256.372.4600 / Scottsboro 256.259.3072**

My signature below indicates, to the best of my knowledge, that the information provided on all forms of this application packet (IDS, IEP, and Contact Sheet) is true, complete, and accurate. I hereby authorize the North Alabama Center for Educational Excellence staff to obtain copies of my or my child's academic and financial assistance records from the educational institution (I) he/she is now attending and from educational institutions (I) he/she will attend in the future.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's signature (if dependent student)

\_\_\_\_\_  
Date