

# TRiO-EOC Participation Form

Last Update: 02.04.10



Today's Date: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_  
- -

Name: \_\_\_\_\_  
First

\_\_\_\_\_ MI  
Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ OR \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Race/Ethnicity: (optional) Gender:

American Indian or Alaska Native  Female  
 Asian  Male  
 Hispanic or Latino  
 Black or African American  
 White  
 Native Hawaiian or Other Pacific Islander

How did you hear about TRiO EOC? \_\_\_\_\_  
\_\_\_\_\_

Office Use Only
Recruiter: _____

Are you a U.S. citizen?  
Yes  No

If not, are you a permanent resident  
Of the U.S.? Yes  No

Alien Registration Number (ARN):  
\_\_\_\_\_

Did your birth or adoptive parent(s)  
that you resided with prior to age 18  
earn a Bachelors degree in the  
United States?  
Yes  No

Do you speak a language, other than  
English, as your primary language?  
Yes  No

## Publicity Release:

**In signing below, I agree that once I  
have been enrolled into the TRiO-  
EOC program at Rogue Community  
College, the staff may include my  
name/picture in publications,  
including newsletters, websites, and  
public announcements for TRiO-EOC  
program promotion or commercial  
communications.**

\_\_\_\_\_  
Participant sign here if you agree with the Publicity  
Release statement.

\_\_\_\_\_  
Parent or Guardian sign here if you agree with the  
Publicity Release statement.

Dependency Information:

How many individuals are supported by the Household\* income (Household\* size)? \_\_\_\_\_

Did you file your previous year's taxes as Head of Household? Yes  No

Are you a Veteran? Yes  No

Are you currently married or do you have children which you support 50% or more? Yes  No

Were you a Foster Child or Ward of the Court before you turned 18? Yes  No

Income Information:

Enter your Household\*'s **taxable income** (IRS 1040 line 43, IRS1040A line 27, IRS1040EZ line 6) for the **previous year.**

\$ \_\_\_\_\_ Did not file

Household Funding Sources:

(Check all that apply)

	Self	Spouse	Parent
Wages/Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI or SSDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Household includes all individuals that contribute to the household. The members of a household are: Head of Household, spouse, domestic partner, significant other, children, and others that contribute to the household (e.g, grandparents, live-in partner).

Education Information:

If you are currently enrolled in a Postsecondary Institution (College), will you graduate by August 31<sup>st</sup>? Yes  No  Not Sure

If you are a Postsecondary (College) Graduate, are you returning to achieve another Certificate or Degree? Yes  No  NA

Is your intent to go on to earn a bachelor's degree? Yes  No  NA

What is your current education level? (Check only one.)

1. Currently in high school (12<sup>th</sup> grade only).
2. High school dropout (no GED).
3. High school dropout (I have a GED).
4. Currently enrolled in GED program.
5. High school graduate.
6. Postsecondary Stop-out.
7. Currently Postsecondary student.
8. Potential Postsecondary transfer (graduating by August 31<sup>st</sup> or preparing to transfer prior to graduation).
9. Postsecondary graduate.

School Name:

\_\_\_\_\_  
Enter the name of your current or previous high school or postsecondary (college) institution

**I hereby certify that this information is correct to the best of my knowledge. With my signature, I am granting all TRiO EOC personnel access to the information contained on this form for the purposes of program recording, tracking, and reporting as required by the U.S. Department of Education. I allow TRiO EOC personnel to conduct research pertaining to my educational outcomes as they relate to the TRiO EOC program using phone, email or other digital mediums.**

\_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Parent or Legal Guardian)



## Do Not Mark Below (Office Use Only)

### PARTICIPATION ELIGIBILITY

Individuals eligible to participate are persons who: are determined to be eligible to participate in the project under 34 CFR § 644.3 & § 644.7(b)(1-2); and receives project services.

The participant must reside within one of the five regions to be eligible for the program.

Target Area Verified: Yes \_\_\_\_\_ No \_\_\_\_\_

#### Citizenship Documentation:

A signed participant with either a Social Security number or an ARN on their Participation Form is considered eligible for the program.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> U.S. Citizen   | <input type="checkbox"/> Permanent Resident of the Trust Territories | Resident Eligible: <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Resident Alien   | <input type="checkbox"/> Resident of the Freely Associated States    |   |
| <input type="checkbox"/> INS Evidence Showing Intent to become a permanent resident |  |   |

#### Dependency status:

Participant has been determined Independent in one of the following ways.

- Age 24 (or older)
- Ward of the State by age 18
- Veteran
- Currently married or children of which are supported 50% or more

If none of these are true, the participant is considered dependent. Independent:  yes  no

### LOW-INCOME/FIRST GENERATION DETERMINATION

Not less than two-thirds of the individuals participating in the project proposed to be carried out under the application be low-income individuals who are first-generation college students. The remaining individuals participating in the project proposed to be carried out under any application be either low-income individuals or potential first-generation college students (HEA, 402C(d)(1-2)).

#### Low Income Documentation (mark one):

(HEA, Sec. 402A(e) and (f)(2))

- Signed statement of income status (Participation Form)
- Public assistance or free lunch eligible
- 1040
- Signed Financial Aid Application
- Other (list) \_\_\_\_\_

#### Household's Taxable Income:

- |   |   |
|---|---|
| 1) 0–16,245 <input type="checkbox"/>      | 7) 44,296–49,905 <input type="checkbox"/> |
| 2) 16,246–21,855 <input type="checkbox"/> | 8) 49,906–55,515 <input type="checkbox"/> |
| 3) 21,856–27,465 <input type="checkbox"/> | 9) Over 55,515 <input type="checkbox"/>   |
| 4) 27,466–33,075 <input type="checkbox"/> |   |
| 5) 33,076–38,685 <input type="checkbox"/> |   |
| 6) 38,686–44,295 <input type="checkbox"/> |   |

Low-Income Eligibility:  yes  no

#### First Generation Determination:

(HEA, Sec. 402A(f)(1))

First Generation status is determined by the question on the participation form "Did your mother/father graduate from a four year college?" If either of these questions are answered yes, the person is not first generation eligible. Only one may be left blank otherwise eligibility of first generation is not determinable.

First-generation:  yes  no

### DESIRE TO PURSUE A PROGRAM OF POSTSECONDARY AND REQUEST OF INFORMATION/ASSISTANCE

Participant requests information or assistance in applying for admission to, or financial aid for, such a program 34 CFR, §644.3(3) and has the desire to pursue a program of postsecondary education HEA 402F(a)(1).

#### Desire to Pursue Participant Assessment:

- Personal Statement
- Statement of career goals evidences desire to pursue a program of postsecondary education
- Submitted Project Application (Participation Form)
- Has requested information or assistance in entering such a program

#### Determination:

- Applicant demonstrates desire to pursue a program of postsecondary education
- Applicant has requested information or assistance
- Applicant cannot be appropriately served by a Talent Search Project

EOC STAFF SIGNATURE: \_\_\_\_\_

Date \_\_\_\_\_

Participant Evaluated Priority     0     1     2     3