



Educational Opportunity Centers Program
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301
Office 910.672.1171 Fax 910.672.1207

<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE
<i>For Office Use</i>	
EOC Enrollment Date: _____	
Income Verification _____ Household Size: _____	
Taxable Income: _____	
Eligibility Codes:	
<input type="checkbox"/> 1 st Generation/Low Income	
<input type="checkbox"/> Low Income	
<input type="checkbox"/> 1 st Generation	
<input type="checkbox"/> Other	
Center: _____	
<i>For Office Use</i>	
College Ready: _____	
Advisor's Signature: _____	

NEW / UPDATE APPLICATION

The Educational Opportunity Centers is a federally funded program which is designed to assist adults (ages 19 years and older) and high school seniors, who wish to continue their education beyond the high school level. Therefore it is important to complete all information requested on the application. The information you provide is confidential and will be used only to meet the program guidelines imposed by the US Department of Education.

SECTION A

STUDENT INFORMATION

Name: _____ SS#: _____
First Middle Initial Last

Address _____ City _____ State _____ Zip Code _____ County _____

Telephone () _____ Cellular () _____ Email _____ @ _____

Date of Birth: ____/____/____ Age _____ Single Parent? ☐ Yes ☐ No Disability? ☐ Yes ☐ No

Gender? ☐ Male ☐ Female U.S. Citizen? ☐ Yes ☐ No Veteran? ☐ Yes ☐ No

MILITARY CONNECTED STUDENTS

Active Duty? ☐ Yes ☐ No Spouse of Active Duty Military? ☐ Yes ☐ No Child of Active Duty Military? ☐ Yes ☐ No

ENGLISH PROFICIENCY

Is English Your Primary Language? ☐ Yes ☐ No Do You Speak, Read, and Understand English Well? ☐ Yes ☐ No

ETHNICITY

☐ African American/Black ☐ American Indian ☐ Asian
☐ Caucasian /White ☐ Hispanic/Latino ☐ Other

CURRENT EDUCATION LEVEL

☐ Adult without High School Credentials ☐ High School Graduate/GED ☐ Postsecondary Student ☐ Other
☐ High School Senior _____ ☐ Postsecondary Dropout ☐ Potential Postsecondary Transfer

Name of GED/AHS program you are currently attending _____ Interested in attending _____

Name of college previously attended _____

Name of college you are currently attending _____

Name of college you are interested in attending _____ Intended Enrollment Date _____

(Intended) Major _____

NEEDS ASSESSMENT: TO BE COMPLETED BY EOC PARTICIPANT AND ACADEMIC ADVISOR

I NEED :

1. Assistance completing FAFSA	Yes	No	7. Academic advising	Yes	No
2. Assistance completing admission applications	Yes	No	8. Assistance with college re-entry	Yes	No
3. A GED referral	Yes	No	9. Assistance resolving defaulted student loans	Yes	No
4. Career counseling	Yes	No	10. To learn more about college admissions	Yes	No
5. A community service agency referral	Yes	No	11. To learn more about financial aid/scholarships	Yes	No
6. An admission fee waiver	Yes	No	12. Assistance with financial literacy	Yes	No

TRiO PROGRAM PARTICIPATION**Other federally funded TRiO programs (if any) I have participated in:**Upward Bound (UB) __ Upward Bound Math and Science (UBMS) __ Veterans Upward Bound (VUB) __
Talent Search (TS) __ GEAR UP __ Student Support Services (SSS) __ Other __ None __

SECTION B
(For New Applicants Only)

DEPENDENCY STATUS☐ Independent ☐ Dependent**Number of Dependents in Household** ____*(If independent, please include yourself [and spouse] in total # of dependents)***Have either of your parents received a Bachelor's/4-year college degree?** ☐ Yes ☐ No

MARITAL STATUS☐ Married ☐ Single ☐ Widow(er) ☐ Divorced ☐ Separated**EMPLOYMENT STATUS**☐ Full time ☐ Part time ☐ Unemployed ☐ Laid Off ☐ Retired

WHAT IS YOUR FAMILY'S TAXABLE INCOME FOR THE PREVIOUS YEAR?

\$ _____

PLEASE DO NOT USE YOUR ANNUAL SALARY

WHAT IS YOUR SOURCE OF INCOME? *Please check all that apply.*

	Student (you)	Spouse	Parent
Wages	_____	_____	_____
Unemployment	_____	_____	_____
TANF/WorkFirst	_____	_____	_____
SSI or SSDI	_____	_____	_____
Child Support	_____	_____	_____
Veteran's Benefits	_____	_____	_____
Other	_____	_____	_____

I understand that the above information will be held strictly confidential and will be used for statistical and follow up purposes on college enrollment status only. All statements are true to the best of my knowledge.

EOC Client's Signature**Date**

Parent or Guardian Signature (if EOC client is under 24 years of age and dependent)**Date**