



UNIVERSITY OF LOUISIANA Lafayette

Educational Opportunity Center Confidential Application for Program Services

Name: SSN #: Date of Birth:

Address: City, State, Zip

Telephone: E-mail:

Marital status: Single Married Divorced Widowed Month and year if married, separated, divorced, or widowed

Gender: Male Female Which one of your parents completed a 4-yr degree? Neither Father Mother Both

Are you currently a HS student participant in another TRiO program? Yes No

If yes, which program are you a participant?

Are you a veteran of the U.S. Armed Forces? Yes No Active Duty? Yes No

Are you the Spouse or Child of active duty military? Spouse Child

Are you a U.S. citizen? Yes No If no, are you an eligible non-citizen? Yes No

Alien Registration Number A-

Race: (check all that apply) American Indian or Alaska Native Hispanic/Latino of any race Asian

Black or African American White /Caucasian Native Hawaiian or Other Pacific Islander

Is English your first language? Yes No

Have you completed a FAFSA? Yes No

Did someone come to your High School to help with a FAFSA? Yes No

What High School?

FINANCIAL STATUS

Independent Student or Dependent Student

What is the size of your family household?

1 2 3 4 5 6 7 8+

Family's total Adjusted Gross Income:

- 17,235 or less 41,356-47,385
17,236-23,265 47,386-53,415
23,266-29,295 53,416-59,445
29,296-35,325 59,446- or more
35,326-41,355 Did not have to file

Household Funding Sources:

- Food Stamps Unemployment Benefits
TANF Social Security Benefits
Veterans Benefits Monthly Amt?

HIGHEST LEVEL OF EDUCATION (CHECK ONE)

- Senior in High School Where?
High School Graduate Where?
Enrolled in GED Program Last Grade Attended and School
GED Graduate Senior in High School Last Grade Attended and School
Neither HS or GED Graduate
Enrolled in Postsecondary Where?
Attended college-did NOT complete Where?
Graduated Postsecondary Institution:

SERVICES NEEDED

- GED Classes/Test
Financial Literacy Information
Admissions/Application Assistance
Financial Aid Assistance
Adult Petition
Enrollment/Course Selection
Academic Advising/Counseling
ACT Prep
High School Transcript
GED Transcript
Postsecondary Transcript
Financial Aid Suspension Appeal
Academic Suspension Appeal
Defaulted Student Loan
Other:

NOTES

NOTES:

I have been given the opportunity to participate in any services offered by EOC. I authorize the EOC Program to release academic and financial aid information to assist me with my education. To the best of my knowledge, all information given on this application is correct.

Signature Date

Compliance Statement: East Central University, in compliance with the Title VI and Title VII of the Civil Rights Act of 1964 (as amended), Executive Order 11246 of 1974 (as amended), the Americans With Disabilities Act of 1990, the Civil Rights Act of 1991, and other federal and state laws, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices or procedures. This includes, but is not limited to admissions, employment, financial aid and education services.



# University of Louisiana at Lafayette

Educational Opportunity Center  
P.O. Box 43659  
Conference Center Rm. M171  
Lafayette, LA 70504  
(337) 482-2055 FAX: (337) 482-6833

CONFIDENTIAL

## Release of Information

Your signature below gives EOC Counselors permission to get your enrollment status or whatever documentation necessary from the college you are attending.

I, \_\_\_\_\_, SSN \_\_\_\_\_,  
Authorize the University of Louisiana at Lafayette (UL Lafayette) Educational Opportunity Center (EOC) personnel the access or release of academic and/or financial information and documentation, including but not limited to academic and financial aid transcripts, as necessary to assist me in achieving my goals or in meeting the reporting requirements of the U.S. Department of Education.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## INCOME VERIFICATION FORM

This form confirms information regarding my income:

I, \_\_\_\_\_, SSN \_\_\_\_\_ had  
(Please Print)

\$ \_\_\_\_\_ income for the year of \_\_\_\_\_.

1. Marital Status:  Married  Single  Head of Household
2. Dependents:  Spouse  Children \_\_\_\_\_ Number of Children
3. I did not file taxes:
4. Other Circumstance: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)