



# Application for Participation – Educational Opportunity Center



Henderson State University - HSU Box 7574 - Arkadelphia AR 71999-0001 - Toll free 1-866-856-8104

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

Name \_\_\_\_\_

Street \_\_\_\_\_

City/Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

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

Marital Status: **Single** **Married**

Date of Birth (00/00/0000) \_\_\_\_\_

Gender Identity: **Female** **Male**

Are you a U.S. Citizen? **Yes** **No**

Alien Registration # \_\_\_\_\_

### Race/Ethnicity:

- American Indian/Alaska Native \_\_\_\_\_
- Asian \_\_\_\_\_
- Black/African American \_\_\_\_\_
- Hispanic/Latino \_\_\_\_\_
- Native Hawaiian/Other Pacific Islander \_\_\_\_\_
- White/Caucasian \_\_\_\_\_
- More than one race reported \_\_\_\_\_

**According to federal regulations, a taxable income (TI) must be documented in your file. Attach a copy of your last year's tax form /or in the space provided enter the taxable income reported on your last year's tax forms. \_\_\_\_\_ or your adjusted gross income (AGI) \_\_\_\_\_**

**Number of persons living in the home who depend on this income for support: \_\_\_\_\_**

**Are you being served by another TRiO program (EOC, ETS, UB, SSS, SSDS, McNair)? **Yes** **No****

Did your mother graduate from a 4-year college with a Bachelor Degree? **Yes** **No**

Did your father graduate from a 4-year college with a Bachelor Degree? **Yes** **No**

Are you a **Veteran**? **Yes** **No**

Is **English** your native language? **Yes** **No**

### What is your current educational level?

High School (or GED) graduate		<b>Yes</b>	<b>No</b>
High School grade completed	<b>9 10</b>	<b>11</b>	<b>12</b>
High School grade stopout	<b>9 10</b>	<b>11</b>	<b>12</b>
College status:	<b>Student</b>	<b>Transfer</b>	<b>Stopout</b>

Name of college attending or attended \_\_\_\_\_

What is your educational goal? \_\_\_\_\_

What is your career goal? \_\_\_\_\_

**The information above is accurate and complete to the best of my knowledge.**

\_\_\_\_\_  
**Applicant's Signature** **Date**

### RECORDS RELEASE:

I hereby consent to the release of my high school, GED, or college records (transcripts, financial aid, test scores, etc.) to the Educational Opportunity Center (EOC) program at Henderson State University, effective for the period of time that I am an active EOC participant and receiving services. I authorize EOC to release information as it pertains to my educational success to other educational institutions' personnel or offices.

\_\_\_\_\_  
**Applicant's Signature** **Date**

### OFFICIAL OFFICE USE ONLY:

Revised June 2005

**Eligibility requirements:** **First-Generation** \_\_\_\_\_ **Low Income** \_\_\_\_\_ **Other** \_\_\_\_\_

**Target School** \_\_\_\_\_ **EOC Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Need:** **Academic** **Career** **Financial** **Personal** **Other** \_\_\_\_\_