



# Educational Opportunity Center Application



Henderson State University

HSU Box 7574

Arkadelphia AR 71999-0001

Toll free 1-866-856-8104

The EOC at HSU is 100% funded by a U. S. Department of Education Title IV TRiO Grant.

### SECTION 1: (Print Clearly)

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

Name \_\_\_\_\_

First

Last

Street \_\_\_\_\_

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

County \_\_\_\_\_

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

Cell number (\_\_\_\_\_) \_\_\_\_\_

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

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

### SECTION 2: (Check correct answer)

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

Are you Hispanic/Latino? **Yes** **No**

### Race/Ethnicity: (may check more than one)

American Indian/Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Black/African American \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_

White/Caucasian \_\_\_\_\_

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

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

### SECTION 3: (Check correct answer)

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

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

### MILITARY OR VETERAN CONNECTION: (Check correct answer)

Are you the spouse of **active** duty military or veteran? **Yes** **No**

Are you the child of **active** duty military or veteran? **Yes** **No**

Revised August 2020

### SECTION 4: (First-generation Status)

Did either of your parents graduate with a 4-year degree? **Yes** **No**

If yes, did you regularly live with (until you were 18 years old) and receive support from the parent with the 4-year degree? **Yes** **No**

### SECTION 5: (Dependency Status)

On your birthday this year will you be age **24 or older**? **Yes** **No**

As of today, are you married? **Yes** **No**

Do you already have a bachelor degree? **Yes** **No**

Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? **Yes** **No**

Are you a veteran of the U.S. Armed Forces? **Yes** **No**  
If yes, type of discharge \_\_\_\_\_

Do you have children who will receive more than half of their support from you? **Yes** **No**

### IF YES TO ANY OF THE ABOVE QUESTIONS, SKIP SECTION 6 AND GO TO SECTION 7.

### SECTION 6: (ADDITIONAL DEPENDENT STATUS QUESTIONS - Documentation will be required for FAFSA).

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you? **Yes** **No**

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? **Yes** **No**

Are you or were you an emancipated minor as determined by a court in your state of legal residence? **Yes** **No**

Are you or were you in legal guardianship as determined by a court in your state of legal residence? **Yes** **No**

At any time on or after July 1 of last year, have you been determined to be an unaccompanied youth who was homeless, or self-supporting and at risk of being homeless, by your high school or school district homeless liaison OR the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD)

OR the director of a runaway or homeless youth basic center or transitional living program?

Yes No

**SECTION 7:** (Low-income Status)

If you answered NO to all the questions in SECTION 5 or 6,

a **DEPENDENT ELIGIBILITY VERIFICATION** form will need to be completed and signed by a parent.

Number of persons in your household: \_\_\_\_\_

What filing status did you use for last year's income tax form (check one):

Single Married filing separately

Head of Household Married filing jointly

**DID NOT FILE**

Must check one of the following statements:

\_\_\_\_\_ My estimated income for last year was \_\_\_\_\_.

\_\_\_\_\_ I attest that there was **NO** taxable income from the last calendar year.

**SECTION 8:** (Current Grade Level)

**What is your current educational level? (Check only one)**

\_\_\_\_\_ Did not complete high school - Circle last grade completed: Below 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup>

\_\_\_\_\_ High school or GED graduate  
\_\_\_\_\_ Attended college, but did not graduate  
Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_\_  
\_\_\_\_\_ Currently enrolled in college

Institution: \_\_\_\_\_  
\_\_\_\_\_ College graduate, if checked answer the following:

Type of degree: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Date graduated: \_\_\_\_\_

**If you do not have a high school diploma or GED, are you currently enrolled in a GED/HS program?**  
Yes No

Institution: \_\_\_\_\_  
Anticipated Completion Date: \_\_\_\_\_

**If you plan to apply to college, which institution(s) are you considering?** \_\_\_\_\_

**What is your educational/career goal?** \_\_\_\_\_

**INITIAL STATEMENTS AND SIGN**

\_\_\_\_\_ By signing this application you attest that all the information given is accurate and complete to the best of my knowledge.

\_\_\_\_\_ I authorize the Educational Opportunity Center (EOC) program at Henderson State University access to high school, GED, or college records (transcripts, financial aid, test scores, etc.) or any information deemed necessary to assist in achieving my educational goals or meeting the reporting requirements of the U. S. Department of Education. Effective for the reporting period 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, and to permit my photo or testimonial to be used to market the EOC program.

\_\_\_\_\_ I understand that my personal data (i.e., name, address, SSN, phone number) will not be released.

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

|   |   |
|---|---|
| <b>OFFICIAL OFFICE USE ONLY:</b>  |   |
| Target Area/Agency: _____<br>County / Partnership/ City   | EOC Intake Interviewer _____ Date _____ |
| Participant Status: Dependent _____ Independent _____<br>If Dependent, parent's signed statement attached: Yes _____ No _____ |   |
| Eligibility requirements: First-Generation _____ Low Income _____ Other _____ Incomplete _____                                |   |
| Income Amount Used: _____ Low-Income status verified (Assistant Director) _____   |   |
| Initials of Data Entry Person _____ Initials of Data Entry Verified _____   |   |