



APPLICATION FOR SERVICES

DEOC is a federally funded TRIO program designed to assist adults in accessing postsecondary education. DEOC is funded entirely by the United States Department of Education. **All DEOC services are free. Please complete the information requested.**

APPLICANT INFORMATION:

1.) First Name _____ Last Name _____ MI _____
 Maiden Name/Other Name _____ Preferred Name _____

2.) Social Security Number _____ - _____ - _____

3.) Physical Address _____ County _____
 Mailing Address _____
 City _____ Zip _____

4.) Telephone _____ Mobile _____ Work _____

Please check the box for the best contact number to reach you. Best times: AM PM

May we send text messages to your mobile number? Y N

5.) E-mail Address _____

All applicants must provide an e-mail address. If you do not have one, DEOC staff can assist in establishing a free e-mail account. It will be used for future correspondence. It is also required for FAFSA application, if this service is needed.

6.) Date of Birth _____ /Age _____ 7.) Gender M F

8.) Race: American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or Other Pacific Islander
 White or Caucasian Other _____

9.) Are you a U.S. citizen? Y N

If not, are you a citizen of the Freely Associated States, including the Federated States of Micronesia and the republics of Palau and the Marshall Islands? Y N

If not, are you an eligible non-citizen? Y N Alien Registration Number A _____

Please attach proof of eligible non-citizenship. Acceptable documentation includes the following:

- Permanent resident card
- Passport
- Naturalization Certificate
- Citizenship Certificate

10.) Do you have a disability? Y N

11.) Are you a Veteran? Y N
 Is your spouse active duty? Y N

If no, are you on active duty? Y N

Do you have a parent/legal guardian who is active duty? Y N

12.) Are you a foster child? Y N

13.) Are you homeless? Y N

EDUCATIONAL INFORMATION:

14.) Are you currently in high school? Y N What grade? _____ N

Name of High School _____

City and State of High School _____

If you are currently in high school, skip to Question 18.

15.) Last grade of school you completed _____ Year _____

Name of School _____

City and State of School _____

If you graduated high school, skip to Question 17.

16.) Have you earned a GED or high school equivalent? Y N
State received _____ Year received _____ Test Site _____
If no, are you currently in an ABE/GED program? Y N
Program _____ Location _____
If you answered NO to either of the questions above, skip to Question 18.

17.) Are you currently enrolled in a postsecondary institution, including junior college, university, or technical school? Y N
If yes, tell us where. _____
If no, have you ever attended college? Y N
If yes, when and where? _____
Did you graduate? Y N Degree received _____
Do you have existing student loans? Y N

18.) If you have ever participated in another federal TRIO program, please check all that apply.
 Educational Opportunity Center Talent Search Students Support Services
 Upward Bound Upward Bound Math-Science Veterans Upward Bound
 Ronald E. McNair Postbaccalaureate Achievement

19.) Are you currently being served by another TRIO program? Y N
If yes, which program(s)? _____

20.) Did either of your parents, biological or adoptive only, complete a Bachelor (4-year) Degree? Y N
If one parent is/was absent from the home, please answer only as it relates to the custodial parent.

INCOME INFORMATION:

21.) **Taxable income range** (required of all applicants) – Please check your total taxable income range. **DO NOT use gross income. Taxable income is the amount after all deductions and exemptions.** If you are unsure, please refer to your tax return information, or provide proof of your annual income. **If you are under 18, please use the income of your parent(s).**

- I do not file
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$18,210 | <input type="checkbox"/> \$31,171-\$37,650 | <input type="checkbox"/> \$50,611-\$57,090 |
| <input type="checkbox"/> \$18,211-\$24,690 | <input type="checkbox"/> \$37,651-\$44,130 | <input type="checkbox"/> \$57,091-\$63,570 |
| <input type="checkbox"/> \$24,691-\$31,170 | <input type="checkbox"/> \$44,131-\$50,610 | <input type="checkbox"/> above \$63,571 |

22.) Number of people in your household, including yourself _____

23.) If 18 or older, are you currently unemployed? Y N
If you are under 18, skip to Question 24.

FUTURE GOALS:

24.) A) What are your career plans? _____

TELL US WHAT YOU NEED: Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> ACT Registration/Test Voucher | <input type="checkbox"/> Study Skills | <input type="checkbox"/> GED Referral/Job Readiness |
| <input type="checkbox"/> ACT Prep Workshop | <input type="checkbox"/> Basic Computer Technology | |
| <input type="checkbox"/> Financial Aid Application (FAFSA) Assistance | <input type="checkbox"/> Financial Literacy (5-week training) | |
| <input type="checkbox"/> Postsecondary Application Assistance | <input type="checkbox"/> Financial Literacy for Veterans & Military Families | |

If your family needs information about other economic programs in your community, briefly describe your needs. Please be as specific as possible. For example, you may be a new mother who needs help buying formula or would like parenting skills classes. **The information contained in this application is confidential and will not be released without your permission.**

How did you hear about DEOC?

- Current Participant Family/Friend DSU Website Facebook DEOC Poster and/or Flyer
- ABE/GED Referral What program? _____ Agency Referral What agency? _____
- Other: _____

Certification of Application and Information Release

I/We certify that the information provided on the application is true and correct to the best of my/our knowledge; I/We further understand that the completion of this application does not guarantee acceptance into the Delta Educational Opportunity Center (DEOC) program.

I/We authorize the use of my image and name in DEOC publications, editorials, advertisements, and media releases to the DEOC program and its affiliated organizations; I/We understand that if I need accommodation for a disability to participate in DEOC, or any of its scheduled activities, I/we must contact the Director of the Delta Educational Opportunity Center at 662.846.4337 at least 10 working days prior to the activity.

I/We will make every effort to provide DEOC with any requested documentation needed to evaluate/track/report academic progress.

Student information is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). We cannot release or obtain certain information without your written permission. I/We authorize DEOC to request, receive, and release any academic and financial secondary and/or postsecondary information to assist with services needed.

I/We further authorize DEOC to communicate verbally or otherwise with campus staff and faculty and/or off-campus professionals on my behalf to assist with services needed.

My/Our consent will remain in effect until I/we revoke this authorization, in writing, with the DEOC office.

Applicant Signature _____ Date _____

If under 18, a parent's or guardian's signature is also required.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY:

Staff Signature _____ Date _____

Eligible Ineligible Reason: _____

Date of Mailed Notification: _____

- ELIGIBILITY: _____ LIFG
 _____ LI
 _____ FG
 _____ VET/MIL
 _____ VET/MIL FAM
 _____ OTHER

**MAIL THIS FORM TO: Center for Community & Economic Development, DSU Box 3134, Cleveland, MS 38733;
OR DELIVER THIS FORM TO: Center for Community & Economic Development, 1417 College Street, Cleveland, MS**

*Title VI of the Civil Rights Act of 1964 states that no person in the United States shall, on the grounds of race, color, or national origin, be excused from participation in, be denied benefits of, or otherwise be subjected to discrimination under any programs or activities receiving federal financial assistance.
Delta Educational Opportunity Center operates in compliance with this law.*