

Endeleo Institute Educational Opportunity Center Application for Services

Section I: Personal

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt _____ City: _____ IL Zip: _____

Are you a U.S. citizen? Yes, I am a U.S. citizen (U.S. National)
 No, but I am an eligible noncitizen Alien Registration # A _____
 No, I am not a citizen or eligible noncitizen

Birth Date: _____ Age: _____ Gender: Male Female

Race / Ethnicity: African American/Black American Indian/Alaskan Native Asian Hispanic/Latino
 Native Hawaiian or Pacific Islander White Bi-racial Unknown

How would you like us to communicate with you? Cell Phone: (____) _____

Email Address: Yes _____ N/A

*Are you or were you in foster care, a ward of the court, an emancipated minor, in legal guardianship, or homeless? Yes No

*Do you have children/dependents who live with you and receive more than half of their support from you? Yes No

*Military connection: No military Active duty Veteran
 Spouse of active duty military Child of active duty military

*Are you married? Yes No

**If you answered "No" to all and you are younger than 24 years old, parental income and signature is required.*

Section II: Income

How many people are currently in your household (including you)? _____

Source of income: Employment: Full-time Part-time None

Unemployment Disability TANF/SNAP (i.e. LINK) Other (please specify): _____

Household taxable income from the previous year:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 – \$20,385 | <input type="checkbox"/> \$20,386 – \$27,465 | <input type="checkbox"/> \$27,466 – \$34,545 |
| <input type="checkbox"/> \$34,546 – \$41,625 | <input type="checkbox"/> \$41,626 – \$48,705 | <input type="checkbox"/> \$48,706 – \$55,785 |
| <input type="checkbox"/> \$55,786 – \$62,865 | <input type="checkbox"/> \$62,866 – \$69,945 | <input type="checkbox"/> \$69,946 + |

Section III: Education

Did your parent(s) complete a bachelor's degree? Yes No

What is your current education level? No high school diploma High school diploma GED program
 Attended college/no degree Associate's degree Currently enrolled

Section IV: Additional Educational

List all colleges/universities previously attended or currently attending.

Is money owed to the school(s) listed above? Yes No If yes, how much? _____

Do you have a previous loan(s): Yes, amount _____ No Default Yes No

Section V: Education/Career Goal(s)

What is your educational goal?

- GED
- Certificate (less than 30 credit hours)
- Advanced Certification (30-49 credit hours)
- Associate's Degree (average 60 credit hours)
- Bachelor's Degree (average 120 credit hours)

Desired Major: _____ Career Goals: _____

Desired start term: Fall (August/September) Spring (January) Summer (May/June/July)

Challenges: _____

I certify that all of the above information is true and correct to the best of my knowledge. Additionally, I consent to my photo being used in promotional items.

_____ Print Name	_____ Signature	_____ Date
_____ *Parent Signature if required	_____ Date	

EOC PROGRAM ELIGIBILITY

(For Office Use Only)

Site Location: _____ **Recruited by:** _____

Eligibility: FG/LI LI FG Neither

Standing: Adult w/o HS credential (not enrolled) Adult w/o HS credential (enrolled)

HS/GED Graduate PS dropout (w/o HS credentials) PS dropout (w HS credentials)

PS student Potential PS transfer

Decision: Accepted Waitlisted Not Eligible

Acceptance date: _____ **By:** _____

Data entry date: _____ **By:** _____