

## EDUCATIONAL OPPORTUNITY CENTER APPLICATION

Location:  Cullman  Decatur  Huntsville  Scottsboro  Other: \_\_\_\_\_

### Section A: Demographic Information

Name: First Maiden/Middle Last			Social Security Number:		
Address: Street City State Zip Code			Driver's License Number: State:		
Date of Birth: (mm/dd/year)		Age:	Phone #	Email Address:	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Alien Reg. # A:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status as of TODAY <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you military connected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: <input type="checkbox"/> Active Duty <input type="checkbox"/> Spouse of Active Duty <input type="checkbox"/> Child of Active Duty		
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other (Specify) _____					Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed

Your highest grade level Completed as of the date of this application: (Select only ONE!)

<input type="checkbox"/> H.S. Graduate, Year: _____	<input type="checkbox"/> GED Graduate, Year _____
<input type="checkbox"/> H.S. Dropout	<input type="checkbox"/> Adult w/o H.S. Credentials
<input type="checkbox"/> In H.S.-Grade last completed _____	<input type="checkbox"/> Adult w/o H.S. Credentials currently enrolled in GED program
<input type="checkbox"/> College Transfer	<input type="checkbox"/> College Dropout
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Currently in college (circle year completed: Freshman Sophomore Junior Senior)	

School/College you are currently attending:	Enrolled date:	Major:
School/College you are planning to attend:	Enrolled date:	Major:

Services you need: (You may select more than one)

<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> Verification	<input type="checkbox"/> ACT Preparation	<input type="checkbox"/> Personal Counseling
<input type="checkbox"/> FAFSA Electronic Filing	<input type="checkbox"/> Admission Application Assistance	<input type="checkbox"/> Scholarship Assistance	<input type="checkbox"/> Loan Default Assistance
<input type="checkbox"/> Paper FAFSA Assistance	<input type="checkbox"/> Academic Counseling/Advising	<input type="checkbox"/> Loan Counseling	<input type="checkbox"/> College Tutoring
<input type="checkbox"/> SAR Corrections	<input type="checkbox"/> Career Counseling	<input type="checkbox"/> College Search	<input type="checkbox"/> GED Preparation/Info.
<input type="checkbox"/> SAR Interpretation	<input type="checkbox"/> ASVAB Preparation	<input type="checkbox"/> Financial/Economic Literacy	

### Section B: Family Information

How many people live in your household, including any children away at school or college?

Does anyone in your household receive free or reduced price lunch meals at school?  Yes  No

### Section C: Parent's Personal and Educational Information

Did either of your parents complete a 4-year college degree?  Yes  No

Applicant's father completed: (check one)

Grade 1-8  Grade 9-11  H.S. Graduate  2-Year Degree  4-Year Degree

Applicant's mother completed: (check one)

Grade 1-8  Grade 9-11  H.S. Graduate  2-Year Degree  4-Year Degree

