



EOC Application Packet

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Southern University at New Orleans
Educational Opportunity Center Horizon
U.S. Department of Education TRIO Programs

Please Print or Type (Ink Only)

Date: _____

Part I. APPLICANT INFORMATION

First Name: _____ **M.I.** _____ **Last Name:** _____
DOB: (mm/dd/yyyy) ____/____/____ **Social Security Number:** _____
Gender/Sex: ____Female ____Male **Marital Status:** ____Single ____Married ____Widowed ____Divorce
Mailing Address: _____ **City & State:** _____ **Zip Code:** _____
Phone Number: _____ (H)/(C) **Email:** _____
U.S. Citizen: ____Yes ____No (If 'no' have you applied for permanent status?) ____Yes ____No Alien # _____
Ethnicity/Race: ____Asian ____American Indian or Alaska Native ____Black/African American ____White
____Hispanic/Latino _____Other
The U. S. Department of Education actively assists the following individuals. Please check the box if you meet either of these criteria:
____Veteran: ____Active Duty ____Reservist ____Military Spouse/Dependent ____Disability ____Other

Federal regulations require documentation of family income and educational attainment to determine eligibility. We cannot accept applications without proof of income or a signed statement verifying income. The information you give us will be kept confidential and is protected by the Federal Privacy Act, HIPPA Act, FERPA and COPPA.

Part II. INCOME VERIFICATION

Employment Status: ____Full-Time ____Part-Time ____Unemployed ____Self-Employed
Income Source: ____Self ____Spouse ____Social Security Benefits/SSI ____Welfare ____Veterans Benefits
Taxable Income: ____\$0 - \$19,320 ____\$19,321 - \$26,130 ____\$26,131 - \$32,940 ____\$32,941 - 39,750
____\$39,751 - \$46,560 ____\$46,561 - 53,370 ____\$53,371 - \$60,180 ____\$60,181 - \$66,990 ____\$66,991 - Over
Number of persons residing/living in household (including self): _____

S645.4 (i) In compliance with Sec. 402A€ 1070a-11of HEA, I hereby certify that the information I have furnished regarding the size of my family and taxable income is true to the best of my knowledge. Signature: _____

Part III. EDUCATIONAL BACKGROUND

Highest level of education completed: (check one)
____ High school diploma: School name: _____ Graduated date: _____
____ Did NOT complete high school: Highest grade completed _____
____ GED: Currently enrolled at _____ Completed? ____Yes ____No (if yes: grad date: _____)
____ Never attended college
____ Some college: College name _____ Degree pursued _____
Did either of your parents' graduate college with a 4-year bachelor's degree? (check one)
Mother: ____Yes ____No Father ____Yes ____No Unknown: _____

Part IV. HOW DID YOU HEAR ABOUT EDUCATIONAL OPPORTUNITY CENTER HORIZON

How did you hear about us? (Adult Ed, Community Agency, Friend/Relative, Advertisement, Workshop/Presentation, etc.) _____

Part V. NEEDS ASSESSMENT

How can we help you? Please check all the services you may need.

_____ Assistance with applying to college/university/career school	_____ Guidance on secondary school reentry
_____ Guidance on entry to (GED/HISET)	_____ Career guidance
_____ Tutoring/Academic support	_____ Financial Literacy
_____ Assistance transferring to a four-year university	_____ Scholarship assistance
_____ Assistance with applying for Free Application for Federal Student Aid (FAFSA)	

Part VI. AUTHORIZATION (SIGN AND DATE)

The Southern University at New Orleans Educational Opportunity Center Horizon Program is a federally funded TRIO Program and all services are provided to program participants free of charge. All individuals who meet the eligibility requirements of this program are provided information regarding financial and academic assistance necessary for them to enter higher education for the first time or to return if they have dropped out. All information is confidential.

INFORMED CONSENT:

I _____ have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am under no legal obligations. I understand HIPAA, FERPA, COPPA and Federal Privacy Act protect all information provided by me.

MEDIA AUTHORIZATION:

I, the undersigned, hereby grant Southern University at New Orleans Educational Opportunity Center Horizon and the university the right to use and publish photographs or videotapes of me, or in which I may be included, for editorial, advertising, and any other purpose and in any manner (publications, promotional media, social media, website, and/or news) without restriction. I hereby release photographer from all claims and liability relating to said photographs (for example, the programs use photos for brochures or promotional videos).

EDUCATION RECORDS CONSENT:

I hereby consent to the release of my (participants') education records (transcripts, grades, test scores, status of student, degree earned, and other information regarding my academic performance) to Southern University at New Orleans Educational Opportunity Center Horizon TRIO Program. The TRIO program is required to provide an annual performance report to the U. S. Department of Education with data obtained from individual student records, which allows for the continuation of funding to offer free services. I understand that the information in these records will only be used to assess the student's need for the program services, evaluate the effectiveness of program activities, and fulfill federal program reporting requirements. Furthermore, I hereby give the TRIO programs permission to forward my information to other programs and/or department with Southern University at New Orleans System whose services will best meet my needs.

Print Applicant Name

Applicant Signature

Date

Print Parent/Guardian Name (if under 18)

Parent/Guardian Signature

Date

Part VI. APPLICATION AND VERIFICATION CHECKLIST

Each potential participant must submit a completed application package of the following information and materials to verify eligibility for the Educational Opportunity Center Horizon.

- ☐ Complete signed and dated application
- ☐ Income verification documentation (Tax-1040(a) or signed statement under the Part II: Income Verification)
- ☐ Copy of academic records (if available)

Equal Opportunity Statement

This institute, in compliance with Title VI and VII of the Civil Rights Act of 1972, and the Federal laws and regulations, does not discriminate on basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services.

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FOR OFFICE USE ONLY

LI/FG _____
LI Only _____
FG Only _____
Veteran _____
Other _____

Enrollment: S _____
AY _____

Received _____