

<p>Social Security Number _____</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Middle Name _____</p> <p>Mailing Address _____</p> <p>City _____</p> <p>State _____ Zip Code _____ County _____</p> <p>Email Address _____</p> <p>Parent's Email: _____</p> <p>Phone Number(s) _____</p> <p>Message Phone: _____</p> <p>Drivers License # _____ State _____</p> <p>Texas ID# _____</p> <p>Date of Birth _____</p> <p>Ethnicity _____ African American/Black _____ White _____ American Indian _____ Asian _____ Hispanic _____ Hawaiian/Pacific Islander</p> <p>U.S. Citizen? _____ Yes If not, enter student's Permanent Resident# _____</p> <p>Date since: _____</p> <p>Gender _____ male _____ female</p> <p>Student's Marital Status (1)Single,(2)Divorced, (3)Widowed,(4)Married, Separated: Month _____ Year _____</p> <p>If Dependent Student: Parents' Marital Status { _____ }</p> <p>Date of event: _____/_____/_____</p> <p>Household Size depending on the same income (including yourself) _____</p>	<p>Total income received for the household (add parents' if applicable): _____</p> <p>Educ. Level-Father _____ Mother _____</p> <p>Military connected student _____ yes _____ no</p> <p>Does anyone in your household receive: _____ TANF _____ Social Security/SSI _____ Child Support _____ Workers Comp _____ Unemp. Benefits _____ Food Stamps _____ Medicaid/Medicare _____ WIC</p> <p>Student's Current Educational Level _____ 9-11 _____ 12 _____ H.S./GED grad-Date: _____</p> <p>High School Name: _____</p> <p>_____ Adult w/o H.S. credential _____ College Stop out: Previous College Attended/Year _____</p> <p>Student ID: _____</p> <p>Currently in Alt.Ed. _____</p> <p>Currently in a TRiO program _____ yes _____ no</p> <p>Name of program _____</p> <p>College Choice/Program: _____</p> <p>_____</p> <p>Authorization: I certify that the information provided by me on this application is true and correct to the best of my knowledge. I understand that in order to receive SWTJC-EOC services, I must provide proof of family income. I authorize the release of transcripts, other academic records, admissions and financial aid information to the SWTJC-EOC program for the purpose of developing education plans, fulfilling income verification and meeting the reporting requirements of the U.S. Department of Education.</p> <p>_____</p> <p>Applicant Signature _____ Date _____</p> <p>_____</p> <p>Parent Signature _____ Date _____ (if applicant is under 18 years of age)</p>
<p align="right">Revised 2016</p>	
<p>Office use only: Income verification _____ DRT linked _____ Inc.Tax returnTrans _____ affidavit Eligibility: _____ FG&LI _____ LI _____ FG _____ Not Eligible _____ LEP</p>	

Participant Individual Education Plan

EDUCATIONAL GOALS:

- Obtain a High School Diploma _____
- Obtain a GED Certificate _____
- ESL tutorials/classes _____
- Obtain a Technical Certificate _____
- Obtain an Associate's Degree (AA or AAS) _____
- Obtain a Bachelor's degree _____
- Other _____

EDUCATIONAL ADVISEMENT NEEDED:

- GED classes and testing _____
- ESL tutorials _____
- Careers and training requirements _____
- College entrance exams/assessments _____
- Assistance in locating college/university of choice _____
- Assistance in completing college admission application(s) _____
- Assistance in completing Federal Financial Aid application (FAFSA) _____
- Other _____

Career Interest:

- First Choice: _____
- Second Choice: _____
- Undecided: _____

Student's Signature

Date

Participant Contact Report

Date:	Name	SSN#
<input type="checkbox"/> Tutoring (including Plato Labs) <input type="checkbox"/> Test & study skills Development <input type="checkbox"/> Career and Personal Counseling <input type="checkbox"/> Academic Advising <input type="checkbox"/> Financial Aid <input type="checkbox"/> Admission <input type="checkbox"/> Placement Exams <input type="checkbox"/> College Orientation Activities <input type="checkbox"/> Referrals	Remarks:	Staff Initials:

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