

MIDLANDS TECHNICAL COLLEGE EDUCATIONAL OPPORTUNITY CENTER APPLICATION PACKET



Legal Last Name (according to Social Security Card)		First Name	Middle Initial
Mailing Address		City	State Zip
Social Security Number	Date of Birth	Email Address	
Best Contact Number	Alternate Contact Number	Age	

Gender

☐ Male ☐ Female

Race/Ethnicity

- ☐ Asian, non-Hispanic/Latino
- ☐ Am. Indian/Alaska Native/non-Hispanic/Latin
- ☐ Black/African American/non-Hispanic/Latin
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Pacific Islander/non-Hispanic/Latino
- ☐ Race and Ethnicity Unknown
- ☐ Two or more races non-Hispanic/Latino
- ☐ White/non-Hispanic/Latino

Is English your first/primary language?

☐ Yes ☐ No

Citizenship/Military

(check all that apply)

- ☐ US Citizen
- ☐ Veteran
- ☐ Active duty of the military
- ☐ Spouse of active military
- ☐ Child of active military
- ☐ Permanent Resident (List Alien Registration #)
A _____

Dependency Status

If you can check any of the following boxes, you are an independent student. If you cannot check any of the following boxes you are a dependent student. Dependent students must provide parent information.

- ☐ I am at least 24 years old
- ☐ I am married
- ☐ I have or will have children who I will provide more than half of their support for (other than support from parents) during the award year (July 1 - June 30)
- ☐ I have dependents (**other than a spouse or children**) who live with me and I will provide more than half of their support during the award year (July 1 - June 30)
- ☐ I am serving on active duty in the U.S. Armed Forces for purposes other than training
- ☐ I am a veteran of the U.S. Armed Forces
- ☐ I was in foster care or a dependent or ward of the court since turning age 13
- ☐ I am currently or was an emancipated minor
- ☐ I am currently or I was in a legal guardianship (court-appointed to someone other than parents)
- ☐ Since I turned age 13, both of my parents were deceased
- ☐ I am homeless or am at risk of being homeless
- ☐ I have a special circumstance with approved documentation from Financial Aid

Marital Status

☐ Never Married ☐ Married ☐ Divorced
☐ Separated ☐ Widowed

Month and year you were married, separated, divorced, or widowed _____ / _____

First Generation Status

Did your father graduate from college with a four-year degree?

☐ Yes ☐ No ☐ Unknown

Did your mother graduate from college with a four-year degree?

☐ Yes ☐ No ☐ Unknown

Student Financial Information

Student Taxable Income Level (check one)
Taxable income is not your Adjusted Gross Income or earnings for the year. Refer to federal taxes.

- | | |
|--|---|
| <input type="checkbox"/> Under \$18,735 | <input type="checkbox"/> \$45,256 - \$51,885 |
| <input type="checkbox"/> \$18,736 - \$25,365 | <input type="checkbox"/> \$51,886 - \$58,515 |
| <input type="checkbox"/> \$25,366 - \$31,995 | <input type="checkbox"/> \$58,516 - \$65,145 |
| <input type="checkbox"/> \$31,996 - \$38,625 | <input type="checkbox"/> \$65,146 or higher |
| <input type="checkbox"/> \$38,626 - \$45,255 | <input type="checkbox"/> Did not file a tax return |

List your total wages, salaries, and tips for each respective year. If no income was earned, list \$0

2016 _____

2017 _____

Family Size (number) _____

Family size is the number of people for whom the parent (if dependent) or the student (if independent) provides more than 50% of their support for the entire award year (July 1 - June 30) - **Include Yourself.**

EDUCATION SECTION

High School/GED

I am currently enrolled: ☐ High School ☐ GED/Adult Ed

Expected Completion Date: _____ / _____ (mm/yyyy)

Where? _____

Name of School/Center

City and State

☐ I am a High School Graduate

☐ I am a GED Graduate

Completion Date: _____ / _____ (mm/yyyy)

Where? _____

Name of School/Center

City and State

☐ I did NOT receive a High School diploma or GED

☐ Highest grade completed: _____

College

☐ I am currently taking classes at the following school:

Name of College

City, State

Start Term (mm/yyyy)

☐ Last College Attended:

Name of College

City, State

Start Term (mm/yyyy)

End Term (mm/yyyy)

Please check if you have earned the following:

☐ College Certificate

☐ College Diploma

☐ Associate Degree

☐ Bachelor's Degree

WorkKeys Certificate (select level below)

☐ Bronze ☐ Silver ☐ Gold ☐ Platinum

Student Signature

Date

Have you submitted an admissions application to any college, university, or training program between **September 1, 2018 - August 31, 2019?**

☐ Yes ☐ No ☐ Currently Taking College Classes

If yes, please list the school(s): _____

Federal & TRIO Participation

Check if you are currently a participant in any of the federal programs listed below:

☐ Talent Search ☐ Upward Bound ☐ WIOA

☐ Student Support Services ☐ CAREERS

Needs Assessments - MUST BE COMPLETED

(check all services needed)

☐ College Admissions Assistance

☐ Financial Aid Assistance (FAFSA)

☐ College Transfer Assistance

☐ Financial Aid Probation/ SAP Appeal Assistance

☐ Student Loan Entrance Counseling/Promissory Note

☐ Scholarship Assistance

☐ Student Loan Default Assistance

☐ Budgeting & Personal Financial Planning

☐ GED Referral

☐ Counseling and Disability Referral Services

☐ Major and Career Exploration

☐ Ex-Offender Referral Services

☐ Military & Veteran Referral Services

☐ Homeless & Foster Youth Educational Assistance

☐ Other _____

Please read the following statements and check **ALL** the boxes signifying that you have read and agree:

☐ I understand the purpose and services of EOC and meet the eligibility requirement for the program.

☐ I certify that the information provided on this application is true and correct to the best of my knowledge.

☐ I understand that the information provided on this application will be held in strict confidence by the EOC staff.

☐ I understand that if I need accommodations for disability to participate in EOC, or in any of its scheduled activities, I must contact EOC at 803.822.3749 at least 30 working days prior to the activity.

☐ I have received a copy of the FAFSA submission guidelines (In EOC Welcome Packet).

MIDLANDS TECHNICAL COLLEGE EDUCATIONAL OPPORTUNITY CENTER COLLEGE SUCCESS PLAN



XXX -XX-

Legal Last Name

First Name

Middle Initial

Last 4 of SSN

Your College Success Plan (CSP) will help you map out the steps to start or continue college and seek the appropriate resources you need to be successful. Please complete the Education Plan so that we may further assist you with your educational goals.

EDUCATION PLAN- MUST BE COMPLETED

What or who is your motivation to go to college?

List the college you are currently attending or plan to attend in the upcoming school year.

List when you first started attending or plan to start attending this college (Start Term or MM/YYYY).

List all majors or careers of interest.

List the college(s) you are interested in for transfer.

List when you plan to transfer (Start Term or MM/YYYY)

FERPA and Release of Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a Federal law designed to protect the privacy of a student's education records. The law applies to all schools which receive funds under an applicable program of the U.S. Department of Education. Under FERPA, disclosure of information from a student's educational record is strictly limited and you must have a FERPA Release Form on file with the EOC Office before any EOC staff member can discuss your student account over the phone or in person. If you or an authorized party visits the office in person, you or the party must show photo identification, driver's license, and/or student ID card to discuss your educational records. The party's name must also appear on the FERPA Release Form. All of your records will be kept in confidence and in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974.

Provide full name and address of (individual (s) to whom access to records may be provided: (Optional)

Name

Relationship

Name

Relationship

I hereby grant permission for the Educational Opportunity Center to transmit and/or request any information about me for the purpose of verifying income information, making educational decisions, and for facilitating the successful completion of my educational plans. I further authorize the colleges/schools I attend to release this information to MTC EOC for federal outcomes tracking and reporting purposes. Such records may include but not limited to: test scores, class schedules, transcripts, college admission information, financial aid, and enrollment and graduation verification. This information may be obtained from high schools, colleges, universities, and other agencies.

Student Signature

Date