The College Connections Project provides comprehensive college access services to New York City adults and is funded by the U.S. Department of Education

Updated 02/2019

## Continuing Participant Form PLEASE COMPLETE ALL SECTIONS OF THIS FORM:

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STUDENT INFORMATION										
Social Security No.					Date of Birth					
First Name					Last Name					
Street Address										
City			State			ZIP				
Phone				E-mail Address						
What is v	☐ US Citizen What is your ☐ Permanent F		Resident	Military Connected?   Yes   No		☐ No	FOR MEOC S	STUDENT ON ent ID:	ILY	
citizenship status?		Refugee or A	Refugee or Asylee Other Eligible Status		☐ Veteran ☐ Active Duty Military☐ Spouse/Child of Active Duty Military		MEOC Progr	MEOC Program: Semester Enrolled:		
Sex:		☐ Male	☐ Female	Marital Status	☐ Single	Married	☐ Separated/Divorced ☐ Widowed			
EDUCATIONAL INFORMATION										
What is y	our highes	t grade level?	☐ I did not complete☐ US Bachelor's Deg		High School C	High School Graduate/TASC/GED Some College Associates Degree				
Are you	Are you taking college classes NOW?				□ NO					
FINANCIAL INFORMATION										
Employment Status  Employed Unemployed			Number in Househo ( <i>Include yourself</i> )	blc	1       2       3       4       5       6       7       8					
2019 Family Income			\$0 - \$18,735	□ \$0 - \$18,735 □ \$18,736 - \$25,365 □ \$25,366 - \$31,995 □ \$31,996 - \$38,625 □ \$38,626 - \$45,						
			\$45,256 - \$51,885 \$51,886 - \$58,515 \$58,516 - \$65,145 \$Over \$65,145							
SERVICES REQUESTED										
What assistance do you need to help you reach your educational and career goals?										
Financial Aid Assistance			Student Loan As	ssistance	Academic Adv	dvising College Planning Workshop				
☐ College Admissions Information			Transfer Advisin	vising GED/TASC/HSE Referral Scholarship Assista						
DISCLAIMER AND SIGNATURE										
I seek to continue receiving services from the TRiO EOC College Connections Project. I certify that my answers are true and complete to the best of my knowledge. I authorize the TRiO EOC to hold and maintain in my case file, verification of income, academic transcripts, program eligibility documents or other pertinent information necessary to assure educational attainment and student success. Furthermore, the TRIO EOC is granted permission to exchange information from my participant file to state and federal agencies when required by law or regulations, to obtain information on my future high school completion status, college admissions status, enrollment, grades, test scores, financial aid status, and completion status for record-keeping, and reporting, purposes. I waive any privacy rights I have regarding my postsecondary information as they pertain to the TRiO EOC and do not hold the program responsible for any items lost or stolen in transit to any postsecondary institutions. I give permission for my name and picture to be used for promotional purposes. An electronic signature of this form is also acceptable.										
Signat	Signature: Date:									
OFFICE USE ONLY										
Status: Re-accepted MEOC Staff Initials and Date: Referred Only individuals assessed to have an interest in enrolling or reenrolling in postsecondary education may be accepted.										
Indicate Any change in Educational Status: A1 A2 A3 A4 A5 A6 A7 A8 A9 B										
Blumen: Entered Staff Initials and Date:										