

**CHEAHA EDUCATIONAL OPPORTUNITY CENTER (EOC)
APPLICATION
GADSDEN STATE COMMUNITY COLLEGE**

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Home _____ Cell _____ Check All That Apply: Call Text

Preferred E-Mail _____ Email

Date of Birth ____ / ____ / ____ Gender: Male Female

Race: American Indian/Alaskan Native Asian Black/African American White
Native Hawaiian or Islander **More than one race (Please mark all that apply.)**

Are you of Hispanic ethnicity? Yes No Is English your native language? Yes No

U.S. Citizen: Yes No

If you are not a U.S. Citizen, are you a permanent resident? Yes No

Green Card # _____ Are you a Veteran? Yes No

Are you currently a participant in a Talent Search or EOC program? Yes No

Did either of your parents/legal guardians graduate from a 4-year university? Yes No

If YES, please list the university name: _____

Disability Eligibility:

Do you have a disability? Yes No If yes, please list disability: _____

Accommodations requested: _____

Academic Goals:

GED Completion Refresher Skills College Enrollment

Other (Please specify): _____

I verify that the information on this form is true and complete to the best of my knowledge and grant the Cheaha Educational Opportunity Center (EOC) staff permission to review information maintained as part of my permanent records, including admissions data, enrollment data, or other information pertinent to my status in the EOC Program. I authorize EOC to obtain information from financial aid including financial awards. I give Gadsden State permission to send my information to the National Student Clearinghouse for future tracking of college enrollment and/or graduation. I understand my photo may be taken at EOC events and used on marketing and social media. Choosing to opt out of photo opportunities during these events will be my own responsibility. Failure to remain an active EOC participant will result in removal from the program.

Signature _____ Date _____

EOC Staff Initial _____

Independent Student:

Number in household _____

Check which was your taxable income in 2020:

Dependent Student:

Number in household _____

Check which was your taxable income in 20

GADSDEN STATE COMMUNITY COLLEGE
CHEAHA EDUCATIONAL OPPORTUNITY CENTER (EOC)
INCOME VERIFICATION FORM

EDUCATIONAL OPPORTUNITY CENTER

Confidentiality Statement