



CAEO Adult Educational Assistance Programs PARTICIPANT APPLICATION

STEP 1: Please answer the following questions about yourself.

a. What is your **name**?

Last Name _____

First Name _____ Middle Initial _____

b. What is your **mailing address**?

Street Address _____ Apt. # _____

City _____ State _____ ZIP _____

c. What is your **home phone number**? () - _____

d. What is your **cell phone number**? () - _____

e. What is your **work phone number**? () - _____

f. What is your **e-mail address**? _____

STEP 2: Please answer the following questions about yourself.

a. What is the name of the college you attend (if applicable)? _____

b. What is your **NSHE ID number** (if applicable)? _____

c. What is your **social security number**? _____ - _____ - _____

d. What is your **birthdate**? _____ / _____ / _____
Month Day Year

e. Are you **Hispanic or Latino**? YES NO

f. What is your **race**? American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White
(Please check all boxes that describe you.)

g. What is your **gender**? Female Male

STEP 3: Please answer the following question about yourself.

a. Are you a U.S. citizen? YES NO, but I am a Permanent Resident. My Permanent Resident Alien Number is: **A** _____ NO; I am not a U.S. citizen, and I am not a permanent resident.

STEP 4: Please answer the following questions about your parents and about yourself.

a. Has your mother received/earned a baccalaureate degree? YES NO

b. Has your father received/earned a baccalaureate degree? YES NO

c. Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)? (Please check only one box.)
 Both Mother and Father Mother only
 Neither Mother nor Father Father only

STEP 5: Please answer the following question about yourself.

a. Are you married? YES NO

b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? YES NO

c. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court? YES NO

- d. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian? YES NO
- e. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? YES NO
- f. Are you a U.S. Armed Forces veteran who was on active duty and was released under a condition other than dishonorable? YES NO
- g. Are you in college and working on a master's (e.g., M.A., M.S.), professional (e.g., M.D., J.D.), or doctoral degree? YES NO
- h. Are you less than 18 years of age and have no parent or guardian? YES NO
- i. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless? YES NO

STEP 6: You must answer the following questions about yourself if you are at least 24 years old or you answered YES to any questions in STEP 5. Your parent(s) must answer the following questions about themselves if you are less than 24 years old and you answered NO to all questions in STEP 5.

- a. What is the total **number of persons** (including you) in your family unit? _____
- b. What was your **family's taxable (not total) income** from the last calendar year? (Please check only one box. Then, provide the requested income information.)
 - My family's **taxable (not total)** income from the last calendar year was: _____ \$ _____, _____ .00
Note: Taxable income can be found on the federal income tax return. On IRS Form 1040, see line 10.
 - My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: _____ \$ _____, _____ .00
 - My family had no taxable income during the last calendar year.

STEP 7: Please read the following statement and then sign and date below it. If you are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the Center for Academic Enrichment and Outreach (CAEO) at the University of Nevada, Las Vegas, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. I hereby give my consent and authorize CAEO to disclose the student's name, date of birth, dates of services, types of educational services provided, and high school equivalency pretesting scores, if applicable, to the Clark County Courts. Finally, I authorize CAEO to use the student's name, statements and likeness, without charge, for promotional purposes in CAEO publications, advertising, video, and other formats.

_____ / / _____
Student's Signature **Date**

_____ / / _____
Signature of Student's Parent or Legal Guardian **Date**

FOR OFFICE USE ONLY	The 20 _____ federal TRIO programs annual low-income level for a family unit with _____ members is:	\$ _____, _____ .00
<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Recommend Approval	<input type="checkbox"/> Approved
<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Denied
Reason: _____	Reason: _____	Reason: _____
_____ Advisor (Print Name)	_____ Director (Print Name)	_____ P.I. or P.I. Designee (Print Name)
_____/_____/20 Advisor (Sign & Date)	_____/_____/20 Director (Sign & Date)	_____/_____/20 P.I. or P.I. Designee (Sign & Date)
Date of Application Entry into Database _____ / _____ / _____		Initials of Data Entry Staff _____
Eligibility: <input type="checkbox"/> LI & FG <input type="checkbox"/> LI ONLY <input type="checkbox"/> FG ONLY		



Educational Opportunity Center (EOC)
Determination of Applicant Need for Project Services (34CFR644.34(c)(1))



Last Name: _____

First Name: _____ Middle Initial: _____

How did you hear about us? **(Please pick only one.)**

- Casa Grande
 CCSD Adult Ed
 CSN
 CSN Sahara West
 Friends / Family
 Harris Springs
 HELP SNV
 Housing Authority
 P&P / Court / NDOC
 UNLV
 UNR
 Veteran Services
 Website / Online
 Welfare
 Other: _____

1. Did you graduate from high school or earn a High School Equivalency (HSE) certificate in the U.S.A? **(CHECK ONLY ONE)**
- YES, I earned a high school diploma/high school equivalency certificate in the U.S.A.
 NO, but I have a high school credential from another country.
 NO, but I am a senior at _____ High School. Student # _____
 NO, but I am enrolled in an alternative adult education program.
 NO, and I am not enrolled at any high school or any adult education program.

2. Are you **currently enrolled** in college or at a vocational/technical institution (education beyond grade 12)? (34CFR644.3(a)(3))
- YES ▶ If "YES", please list the college(s) or institution(s).
 1. _____ 2. _____
 NO ▶ I am interested in enrolling in (check all that apply):
 College
 Vocational/technical school

3. Have you ever been enrolled in college or at a vocational/technical institution (education beyond grade 12)?
- YES ▶ If "YES", please list the college(s) or institution(s). Dates Enrolled
 NO
 1. _____ From _____ To _____
 2. _____ From _____ To _____

4. I am interested in receiving information and / or assistance with applying for: (34CFR644.3(a)(3)), (34CFR644.4(c))
- Admission (including transfer assistance) to a college or a vocational/technical institution (education beyond grade 12).
 Financial aid that can help me pay the cost of attending a college or vocational/technical institution (education beyond grade 12).
 Both

5. Are you the spouse or child of an **active duty** member of the U.S. military?
- YES ▶ Spouse Child
 NO

Applicant Signature

Date

Note: Your EOC advisor/counselor will review your responses to the above questions and work with you to develop a plan that meets your academic needs.

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- Check all that apply:
- | | | |
|--|---|--|
| <input type="checkbox"/> HS Dropout Not Enrolled Over 19 (A2) | <input type="checkbox"/> College Stopout (A4) | <input type="checkbox"/> PSE Student (A7) |
| <input type="checkbox"/> HS Dropout enrolled Gr. 12 Over 19 (A1) | <input type="checkbox"/> PSE Dropout w/o HSC (A5) | <input type="checkbox"/> HS Senior or Dropout Enrolled in HSE Gr. 12 under 19 (B2) |
| <input type="checkbox"/> HS Grad/HSE (A3) | <input type="checkbox"/> Transfer (A6) | <input type="checkbox"/> HS Dropout Not Enrolled Under 19 (B3) |
| <input type="checkbox"/> Limited English _____ | | PRIMARY NEED: _____ |

 EOC Advisor/Counselor Signature

 Date

 EOC Director Signature

 Date