

How many people will your parents claim on their taxes? _____
 LIST THE AMOUNT OF INCOME YOUR PARENTS HAD FROM EMPLOYMENT IN 2014: _____
 LIST THE AMOUNT OF ANY OTHER INCOME YOUR PARENTS HAD IN 2014: _____
 LIST YOUR (THE STUDENT) INCOME 2014 _____
TOTAL FAMILY INCOME FOR 2014 (include your parents and yourself): _____

9. Is the current total family income higher, lower or the same as 2014? _____

10. Please check and list all sources of 2014 Income listed in 8A or 8B:

Employment ___ Employer Name _____ Social Security/SSI # _____

DHS ___ Case # _____ Unemployment Comp ___ # _____ Other (list) # _____

11. Veteran Information: Are you a veteran? Yes ___ No ___

12. Disability Information: Do you have a physical disability? Yes ___ No ___
 Do you have a mental disability? Yes ___ No ___

If yes, please indicate the nature of your disability: _____

13. First Generation College Student Information:

Did your mother graduate from a four year college or university? Yes ___ No ___

Did your father graduate from a four year college or university? Yes ___ No ___

I declare that all information on this form is correct and complete.

Signature

Date

RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any person, agency or organization, public or private (specifically, but not exclusively, intended are: the Veterans Administration, the Social Security Administration, the Bureau of Indian Affairs, Scholarship and Financial Aid Office, Office of Admissions, Registrar's Office, or various organizations and/or agencies) to release to the Educational Opportunity Center of Wayne State University, at their request, any information concerning my financial, admissions, or academic circumstances of which they have knowledge (intended here is information concerning a spouse, dependents, financial aid or other assistance, and present academic status).

This Authorization shall remain in effect until rescinded in writing by me.

Signature: _____

Social Security Number: _____

Date: _____



STOP AND RETURN FORM TO COUNSELOR.

SELECTION SUMMARY

FOR OFFICE USE ONLY

Check appropriate items:

First Generation ___ Low Income ___ Other ___ Ex-Offender ___ Homeless ___ College Ready ___

Unprepared ___ Single Parent Female ___ Military Connected ___: Please indicate whether the person

is: 1) Active duty military ___ 2) Spouse of active duty military ___ or 3) Child of active duty military ___

Participant/Learner was selected to participate in the EOC Program for the following reasons:

- 1. The learner is a first generation college student or a potential first generation college student.
- 2. According to the financial information given on the student intake sheet, the learner will be considered low income.
- 3. The learner expressed a desire to continue his/her postsecondary education.
- 4. The learner requested admissions information.
- 5. The learner expressed a need for additional information on the types of financial aid available.
- 6. The learner requested information on the financial aid procedure for the application.
- 7. The learner requested career information.
- 8. The learner expressed a need for information on the educational preparation required for selected fields.
- 9. List other reasons for selection _____.

PLAN OF WORK

Please Check Appropriate Items

The learner and counselor planned the following activities:

TESTING AND EVALUATION

- A. To complete and explore the results of the General Aptitude Test.
- B. To complete and explore the results of a Career Inventory.
- C. To learner plans to graduate from _____ on _____
Institution Month/year
- D. To review high school transcripts.
- E. The learner plans to obtain the GED certificate by _____
Month/year
- F. To review GED test scores.
- G. To review college/postsecondary transcripts.