

CKEOC provides educational counseling and planning services to project participants free of charge. You must be a U.S. citizen or natural and at least 19 years old to apply for our free services except when a Talent Search Program is unavailable. Please complete this information form to be considered for participation in the project. The following information is required by the U.S. Department of Education for documentation purposes. All information is strictly confidential. CKEOC is 100% funded by the U.S. Department of Education.

PLEASE PRINT
LEGAL NAME _____ SSN _____
(Last) (First) (MI)
OTHER NAMES CURRENTLY/PREVIOUSLY USED _____
ADDRESS _____ APT _____ CITY _____, KS ZIP _____ COUNTY _____
PHONE# _____ EMAIL _____ PREFERRED CONTACT Phone Call E-mail Texting

1. Program Eligibility

Did either of your parent (s) complete a 4-year (bachelor) degree? Yes No

Family's Total Income Before Taxes

- Had no income \$31,801-37,200
- \$15,600 or less \$37,201-42,600
- \$15,601-21,000 \$42,601-48,000
- \$21,001-26,400 \$48,001-53,400
- \$26,401-31,800 \$53,401 or more

Marital Status

- Single Divorced/Separated
- Married Widowed

Did you file a tax return as:

- Single
- Head of Household
- Married Filing Joint Return
- Married Filing Separate Return
- Did Not File

Size of your family household?

- 1 2 3 4 5 6 7 8+

2. About Yourself

- Male Female

Age _____ DOB _____ / _____ / _____

Ethnicity:

Hispanic/Latino? Yes No

Race/Origin:

- American Indian or Alaska Native
- Asian American
- African American/Black
- White/Caucasian
- Native Hawaiian or Other Pacific Islander
- More Than One Race

3. Educational Background

Secondary Education

- Attending High School, in the 9th to 11th Grade
- Attending High School, in the 12th Grade
- Did Not Finish High School - Not Attending
- Enrolled in GED/Alternative Education
- Anticipated Completion (MM/YY) _____
- High School Graduate
- GED Graduate

Post-Secondary Education

- Never enrolled in college
- Did not finish college
- Vocational/Technical School Certificate
- Presently attending college
- Where? _____
- College Graduate:
- Associates Bachelor's Master's

4. Citizenship

- U.S. Citizen
 - Permanent Resident Alien
- # _____

Are you proficient in English? Yes No

5. How did you learn about our program?

- EOC Participant Orientation
 - Workshop Workforce Center
 - Agency/Organization (Enter Below)*
- * _____

6. Military Connection

- Active Duty Spouse of Active Duty
- Veteran Child of Active Duty

Pay Grade _____ Years in Service _____
(If Active Duty)

7. Post-secondary Admissions and Financial Aid Information

Have you completed a college admissions application since September 1st?
 Yes Not Yet Not Applicable
If so, what College? _____

Have you completed a Free Application for Federal Student Aid (FAFSA) since September 1st?
 Yes Not Yet Not Applicable

8. Education Plan and Services (What I want help with)

Check All That Apply (At least 2):

- Completion of GED/HS Diploma
- Further my education
- Explore career options
- Exploring education programs in the area:
 - Vocational
 - Community College (2 year)
 - University/Colleges (4 year)
- Applying to college
- ACT/SAT Information
- Financial aid/scholarships
- GI Bill Application
- Transfer to a four year university
- I will be relocating and need assistance to research available education programs and complete as much paperwork as possible before I move.
- Educational Assistance:
 - College Skills
 - Tutoring
 - Special Needs
- Need Assistance with defaulted loans
- Other: _____

Moving Soon? Please Turn Over and Enter Forwarding Address on Back

Disclaimer: By typing my name below, I authorize any school, organization, college, or financial institution to release any academic, confidential and financial aid information from my files that are requested by the Central Kansas Educational Opportunity Center (CKEOC) Program. Further, I authorize the EOC Program to release academic and financial aid information to assist me with my education. I certify that, to the best of my knowledge all information given is correct. When requested, I will provide CKEOC with documentation of my family income.

Signature _____ Today's Date _____

Disclaimer: By typing your full name below, you agree to the stipulations above and that to the best of your knowledge, all information given is correct.

Parents Signature (If Under 18) _____ Today's Date _____

Non-Discrimination Notice: To provide equal employment, advancement and learning opportunities to all individuals, employment and student admission decisions at Barton will be based on merit, qualifications, and abilities. Barton County Community College does not discriminate on the basis of any characteristic protected by law in all aspects of employment and admission in its education programs or activities. Any person having inquiries concerning Barton County Community College's non-discrimination compliance policy, including the application of Equal Opportunity Employment, Titles IV, VI, VII, IX, Section 504 and the implementing regulations, is directed to contact the College's Compliance Officer, Barton County Community College, Room A-123, Great Bend, Kansas 67530 (620) 792-2701. Any person may also contact the Director, Office of Civil Rights, U.S. Department of Education, Washington, DC 20201.

1025 Main Street
Great Bend, KS 67530
(620) 793-8164



100 Continental Dr.
Grandview Plaza, KS 66441
(785) 238-5200

Moving Soon? Please provide us with your forwarding address:

ADDRESS: _____ APT _____

CITY _____ STATE _____ ZIP _____

Please Do Not Write Below This Line - Office Use Only

To be completed by CKEOC Office Staff Member

Client served by any of the following federally funded programs on or after September 1st: (check all that apply)

- Upward Bound (UB)
- Upward Bound (UBMS)
- Veterans Upward Bound (VUB)
- Talent Search

- GEAR UP
- Student Support Services
- Other: _____
- None

Advisor _____ **Inf** _____ **Income** _____ **Intake** _____ **Ed Plan** _____

Taxable Income _____

Eligibility: LIFG LI FG O **Financial Status:** Independent Dependent

Status: CR NCR **Accept** Yes No **Director Signature** _____ **Date** _____

Intake Comments: _____

