

**Student Information**

First Name	MI	Last	Maiden	SSN
DOB (mm/dd/year)	Age	Email		
Address		City	State	Zip
Address		Phone		
Are you a U.S. citizen or legal permanent resident?	Alien Registration # (if applicable)	Male/Female	Marital status as of TODAY	
Ethnicity (mark all that apply)				
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				
Special circumstances: (mark all that apply)				
<input type="checkbox"/> Homeless <input type="checkbox"/> Disabled <input type="checkbox"/> Learning Disability <input type="checkbox"/> Offender/Ex-Offender <input type="checkbox"/> Foster Youth <input type="checkbox"/> Veteran <input type="checkbox"/> Child/Spouse of Veteran				
Are you comfortable speaking, reading, and writing in English?				

**Financial Information (If under 24 and considered a dependent for FAFSA, this should include your parent's employment/income.)**

Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal	Household Size	Last year, what was your family's "taxable" income? (Line 43 – Form 1040, Line 27 – Form 1040A, or Line 6 – Form 1040EZ) \$
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**Academic Information**

Highest grade completed in high school <u>and</u> college status as of the date of this application:			
<input type="checkbox"/> In H.S. – Current Grade ____ <input type="checkbox"/> H.S. Graduate           H.S. Dropout (highest grade completed) ____ <input type="checkbox"/> GED/H.S. Equivalency			
<input type="checkbox"/> Adult w/o H.S. Credentials <input type="checkbox"/> Adult w/o H.S. Credentials Currently Enrolled in GED Program			
<input type="checkbox"/> Currently in College (select year completed)           ___ Freshman           ___ Sophomore           ___ Junior           ___ Senior			
<input type="checkbox"/> College Transfer <input type="checkbox"/> College Dropout <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree			
Do you want to attend college/vocational training?	Did either of your parents <u>complete</u> a bachelor's (4 year) degree?	If yes, did you live with them?	
School/College Currently Attending (1)	Enrolled Date	School/College Currently Attending (2)	Enrolled Date

**Participant Needs Assessment**

Mark all that apply:

Academic Guidance  
  Admission Application  
  Aged-Out Foster  
  Budget Planning  
  Career Exploration  
  Choosing a school  
 Defaulted student loans  
 Diploma/GED  
 Disabled Students  
 Financial Aid  
 Financial Literacy  
 Health Services  
 Housing Info  
 Job Search  
 Mental Health  
 Scholarships  
 Study Skills  
 Tutoring  
 Veterans Services  
 Vocational Training

**Additional Information**

How did you hear about MEOC?	Are you receiving services from any other community agency? If yes, where?
Are you receiving services from any of these programs? <input type="checkbox"/> Upward Bound (UB) <input type="checkbox"/> Talent Search (TS) <input type="checkbox"/> Student Support Services (SSS)	

**Specialized Service Requests (OPTIONAL)** (For example, if you know what school you would like to attend or what you would like to study, please include that information below.)

**Authorization:** I declare under penalty of perjury that the information on this form is true to the best of my knowledge. Pursuant to 20 USA 1231a of the U.S. Department of Education, MEOC is authorized to access information deemed necessary to assist me in achieving my educational goals or in meeting the reporting requirements of the U.S. Department of Education, to record pertinent facts regarding my eligibility in the program, services rendered, and post-secondary education enrollment. This information is protected by the Privacy Act, kept confidential and not to be seen unless specifically authorized. A copy of this statement shall serve as such authorization.

Signature	Date	Parent signature (for dependents under 24)	Date
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**For Office Use Only**

\_\_\_\_ FG/LI    \_\_\_\_ LI Only    \_\_\_\_ FG Only    \_\_\_\_ Neither    Cohort Year \_\_\_\_\_    Military Connected: \_\_\_\_\_

Status:    \_\_\_\_ Active    \_\_\_\_ Inactive    Termination Date: \_\_\_\_\_    Counselor: \_\_\_\_\_

College Ready: \_\_\_\_\_    Financial Aid Completion: \_\_\_\_\_    College Application Completed: \_\_\_\_\_

Admitted School: \_\_\_\_\_    Postsecondary Status (enrolled/not enrolled): \_\_\_\_\_

Entry Date/Initials: \_\_\_\_\_

There are several ways to submit your MEOC application. If none of these options work for you, please contact us at 588-5066 and we will work with you to find a way for you to submit it.

1. Scan and email to: [ColumbiaTrio@yosemite.edu](mailto:ColumbiaTrio@yosemite.edu)
2. Fax to: 209-588-5058
3. Mail to: Columbia College  
MEOC Office - Manzanita 212  
11600 Columbia College Drive  
Sonora, CA 95370