



The College Connections Project provides comprehensive college access services to New York City adults and is funded by the U.S. Department of Education

## New Participant Form

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM:**

PARTICIPANT INFORMATION					
Social Security No.		Date of Birth			
First Name		Last Name		M.I.	
Street Address					
City		State		ZIP	
Phone		E-mail Address			
What is your citizenship status?	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee or Asylee <input type="checkbox"/> Other Eligible Status		Military Connected? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Spouse/Child of Active Duty Military		<b>EDUCATIONAL INFORMATION</b>
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		What is your highest grade level?  <input type="checkbox"/> I did not complete high school <input type="checkbox"/> High School Graduate/TASC/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> US Bachelor's Degree	
Ethnicity (Select <u>one</u> )	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Are you taking college classes <b>NOW</b> ?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Race (Select all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander		Did your parents <b>GRADUATE</b> from a 4-year US college <b>BEFORE</b> your 18 <sup>th</sup> birthday?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed		<b>FOR MEOC STUDENTS ONLY:</b>		
FINANCIAL INFORMATION					
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		MEOC Student ID: _____ MEOC Program: _____ Semester Enrolled: _____		
Number in Household (Include yourself)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> _____				
2022 Family Income	<input type="checkbox"/> \$0 - \$20,385 <input type="checkbox"/> \$20,386 - \$27,465 <input type="checkbox"/> \$27,466 - \$34,545				
	<input type="checkbox"/> \$34,546 - \$41,625 <input type="checkbox"/> \$41,626 - \$48,705 <input type="checkbox"/> \$48,706 - \$55,785 <input type="checkbox"/> \$55,786 - \$62,865 <input type="checkbox"/> \$62,866 - \$69,945 <input type="checkbox"/> \$Over \$69,946				
SERVICES REQUESTED					
What assistance do you need to help you reach your educational and career goals?					
<input type="checkbox"/> Financial Aid Assistance		<input type="checkbox"/> Student Loan Assistance		<input type="checkbox"/> Academic Advising	
<input type="checkbox"/> College Admissions Information		<input type="checkbox"/> Transfer Advising		<input type="checkbox"/> GED/TASC/HSE Referral	
				<input type="checkbox"/> College Planning Workshop <input type="checkbox"/> Scholarship Assistance	

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize the TRIO EOC to hold and maintain in my case file, verification of income, academic transcripts, program eligibility documents or other pertinent information necessary to assure educational attainment and student success. The TRIO EOC is granted permission to exchange information from my file to state and federal agencies when required by law or regulations, to obtain information on my future high school completion status, college admissions status, enrollment, grades, test scores, financial aid status, and completion status for record-keeping, and reporting, purposes. I waive any privacy rights I have regarding my postsecondary information as they pertain to the TRIO EOC and do not hold the program responsible for any items lost or stolen in transit to any postsecondary institutions. I give permission for my name and picture to be used for promotional purposes. An electronic signature of this form is also acceptable.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_