

**STUDENT INFORMATION**

First Name		MI	Last		Gender Identity	SSN
DOB (mm/dd/year)		Age	Phone		Email	
Address		City		State CA	Zip	County
Are you a U.S. citizen?	Are you a legal permanent resident? If yes, include Alien registration #			Are you comfortable speaking, reading, and writing in English?		
<b>Ethnicity (mark all that apply)</b>						
<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						
<b>Special circumstances: (mark any that apply)</b>						
<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						
How did you hear about MEOC?				<b>COMMUNICATION PREFERENCE:</b>		
				<input type="checkbox"/> Phone	<input type="checkbox"/> Text	<input type="checkbox"/> Email

**FINANCIAL INFORMATION (IF UNDER 24 AND CONSIDERED A DEPENDENT FOR FAFSA, THIS SHOULD INCLUDE YOUR PARENT'S INCOME.)**

Household Size	Last year, what was your family's "taxable" income? (Line 10, form 1040) \$	Have you been declared an independent student?
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**ACADEMIC INFORMATION**

<b>High school status as of the date of this application:</b> <input type="checkbox"/> In H.S. 12 <sup>th</sup> grade only <input type="checkbox"/> In H.S. (9 <sup>th</sup> -11 <sup>th</sup> ) – current grade _____ <input type="checkbox"/> H.S. graduate /GED/HSE <input type="checkbox"/> H.S. dropout <input type="checkbox"/> Currently enrolled in GED/HSE program <input type="checkbox"/> Never attended high school		<b>College status as of the date of this application:</b> <input type="checkbox"/> Currently in college <input type="checkbox"/> College dropout <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree	
		<b>College Currently Attending</b>	<b>Enrolled Date</b>
		<b>College Currently Attending</b>	<b>Enrolled Date</b>
High school currently attending:	Expected graduation date:	Intended college graduation date:	
Do you want to attend college/vocational school?	Did either of your parents <u>complete</u> a bachelor's (4 year) degree?	If yes, did you live with them?	

**PARTICIPANT NEEDS ASSESSMENT (mark all that apply)**

ACADEMIC	FINANCIAL	PERSONAL
<input checked="" type="checkbox"/> Academic Guidance <input type="checkbox"/> Admissions application <input type="checkbox"/> Choosing a school <input type="checkbox"/> Diploma/GED <input type="checkbox"/> Disabled Students <input type="checkbox"/> Tutoring <input type="checkbox"/> University Transfer <input type="checkbox"/> Vocational Training	<input type="checkbox"/> Budget Planning <input type="checkbox"/> Defaulted Student Loans <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Financial Aid <input type="checkbox"/> Scholarships <input type="checkbox"/> Study Skills	<input type="checkbox"/> Aged-Out Foster <input type="checkbox"/> Career Exploration <input type="checkbox"/> Health Services <input type="checkbox"/> Housing Info <input type="checkbox"/> Job Search <input type="checkbox"/> Mental Health <input type="checkbox"/> Veterans Services

**ADDITIONAL INFORMATION**

**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 the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), 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, verification of secondary education completion 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/Guardian signature (for dependents under 24)** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only**

\_\_\_\_\_FG/LI    \_\_\_\_\_LI Only    \_\_\_\_\_FG Only    \_\_\_\_\_Neither    Cohort Year \_\_\_\_\_    Military Connected: \_\_\_\_\_

Status:    \_\_\_\_\_Active    \_\_\_\_\_Inactive    Transition Specialist: \_\_\_\_\_

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

Other services completed: \_\_\_\_\_

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

Entry into SADB 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