



**SECTION D: Educational Information.**

- a. Are you currently enrolled/taking College courses? ☐ Yes ☐ No
- b. Have you ever attended to College? ☐ Yes ☐ No If yes, when? \_\_\_\_\_
- c. Are you currently in High School? ☐ Yes ☐ No If yes, what grade? \_\_\_\_\_
- d. Are you currently enrolled in High School equivalent program? (Adult school/Continuation school) ☐ Yes ☐ No
- e. What is your educational goal ( mark all that apply)?
- |                                      |                                     |   |   |  |
|--------------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> HS Diploma  | <input type="checkbox"/> GED        | <input type="checkbox"/> Vocational Certificate | <input type="checkbox"/> Admissions         | <input type="checkbox"/> College Information |
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Credential | <input type="checkbox"/> Bachelor's             | <input type="checkbox"/> Financial Aid Info | <input type="checkbox"/> GED/Continuing Ed.  |
| <input type="checkbox"/> Master's    | <input type="checkbox"/> Doctorate  | <input type="checkbox"/> Professional           | <input type="checkbox"/> Academic Support   | <input type="checkbox"/> Other: _____        |
- f. I need assistance with:
- g. Are you PRESENTLY a participant of any of the following programs?
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Upward Bound                 | <input type="checkbox"/> Talent Search (TS) | <input type="checkbox"/> Upward Bound Math-Science (UBMS) |
| <input type="checkbox"/> Veterans Upward Bound (VUB). | <input type="checkbox"/> GEAR UP.           |   |

**SECTION E: Release of Information.**

Information provided to TRiO/EOC is confidential and will not be released without the student's permission. By signing below, you authorize TRiO/EOC to receive and release information to/from all applicable educational and career institutions to assist me in my educational planning, verify enrollment, and secure financial aid opportunities for program participants. In addition, my information may be release to the Department of Education to demonstrate program effectiveness when requesting renewed funding.

In addition, I verify that the information provided in this application is true and accurate.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Photo/Media Release**

Much of our publication and marketing success is from the use of photos and videos taken of TRiO/SSS students during program events. By signing below, you give the irrevocable right to use your name, photo, or video in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, you waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I verify that I am at least\* 18 years of age, I have read this release and I am fully familiar with the contents.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR OFFICE  
USE ONLY**

The 20\_\_ federal TRIO programs annual low-income  
level for a family unit with \_\_\_\_ members is:

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**Educational Participant Status at time of first service**

A1 ☐ A2 ☐ A3 ☐ A4 ☐ A5 ☐ A6 ☐ A7 ☐ A8 ☐ A9 ☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐

☐ Approved

☐ Denied  
Reason: \_\_\_\_\_

\_\_\_\_\_  
Coordinator (Sign & Date)

\_\_\_\_\_  
Director (Sign & Date)

Date of Application Entry Into Database \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials of Data Entry Staff \_\_\_\_\_

Eligibility: ☐ LI & FG ☐ LI ONLY ☐ FG ONLY ☐ DI ONLY

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