



University of Maryland Educational Opportunity Center (UM-EOC)
Confidential Application & Contact Form



Assigned Counselor: _____ Referred by: _____

The University of Maryland Educational Opportunity Center is a program of The University of Maryland that provides FREE post-secondary planning information and assistance to program eligible participants.
Participant Status: [] New [] Continuing [] Inactive Eligibility: [] Low Income & 1st [] Low Income [] 1st Generation [] Other

First Name: _____ Last: _____ MI: _____ Age: _____

Address: _____

Phone Home # _____ Cell# _____ Off # _____ E-mail: _____

SSN: _____ Family Size/Household: _____ Date of Birth: _____

Gender: [] Female [] Male Bachelors Degree: Mother [] Yes [] No Father [] Yes [] No Citizenship: [] US [] Permanent Resident [] Other [] I am applying to become a Permanent Resident

Ethnicity: [] Black/African American [] White [] Native American [] Asian [] Hispanic/Latino [] Native Hawaiian [] More than one race

Disability: [] Yes [] No [] Physical [] Emotional [] Learning [] Other Veteran: [] Yes [] No

School of Interest: [] Four -Year College [] Two- Year College [] Vocational/Tech School [] Undecided [] Other

Name of School of Interest: _____ Career Goals: _____

Current School You Are In: [] High School [] Vocational [] College [] Unknown [] Adult Not in School

Current Grade Level: [] Freshman [] Sophomore [] Junior [] Senior Are you currently participating in Talent Search [] Yes [] No

High School Graduate: [] Yes [] No Graduating Year: _____ Where are you enrolled: _____

Current Status: [] Secondary School Dropout [] Adult without High School Credential [] Enrolled in Graduate School [] Post-Secondary Stop-out [] Graduated from College [] Post-Secondary Transfer [] GED Graduate Year: _____ [] Enrolled/Studying for GED [] N/A

Limited English Proficiency [] Yes [] No

You need assistance in: [] Admissions [] Academic Support/Tutoring [] Career Counseling [] Financial Aid [] GED [] Financial Literacy

[] Other, Please specify: _____

INCOME VERIFICATION (COMPLETE NUMBER 1 AND 2. USING YOUR TAXES, COMPLETE NUMBER 3)

1. Understanding that a member of my household is a person that in terms of living-expenses, I supported more than 50% in 2008; I, _____ verify that there was/were _____ person/people comprising my household in 2008 and that my annual income during 2008 was \$_____.

2. Income Sources: [] AFDC [] Soc Sec [] Veteran Benefits [] Food Stamps [] Unemployment Compensation: Annual Amount \$_____

3. Taxable Yearly Income if you have your taxes in hand: [] Line 43 on 1040 \$_____ [] Line 27 on 1040A \$_____ [] Line 6 on 1040EZ \$_____ Office Use Only T.I. \$_____

I, _____, (please print) verify that the above information is correct and hereby authorize the UM-EOC to release and receive information to assist me with my educational planning.

Applicant's Signature _____ Parent' Signature _____ Enrollment Date _____



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AUTHORIZATION AND INFORMATION RELEASE FORM

To whom it may concern:

I, _____, (Name) _____ (SS#)
hereby give my permission for the University of Maryland-Educational Opportunity Center and/or its
representative to discuss, request, and/or receive information from my student academic, financial
aid, and/or financial record on my behalf as a part of the educational advisement and assistance
services I am receiving through its program.

Participant Signature

Date

Parent/Guardian Signature*

Date

*Parent/Guardian signature required for students under 18 years old

POST- SECONDARY EDUCATIONAL PREPARATION PLAN (PSEPP)

Services-Recommended/Provided (To be Completed by Counselor)

Table with 3 columns of checkboxes for services like ACT Registration, Financial Aid Waivers, and Enrollment Fee Waivers.

SAT/ACT TAKEN? Y _____ N _____ DATE? _____ SCORE? _____ GPA (estimate) _____

Participant & Counselor Comments

Please indicate your career goal(s), your intended major(s), and the schools you have applied to or planning to apply to. Also, how can we assist you?

Multiple horizontal lines for writing participant and counselor comments.

Participant: _____ Date: _____

Educational Specialist: _____ Date: _____

Associate Director: _____ Date: _____

Total Time _____