

EDUCATIONAL OPPORTUNITY CENTER

PARENT'S OR GUARDIAN'S PERMISSION

Your dependent student is applying for services from the TRIO Educational Opportunity Center. To determine eligibility, we must verify household income for all dependents under the age of 24.

Student's Name _____

Household Income Information (Required by the U.S. Department of Education)

Number of people living in Household: _____ (include yourself)

Taxable Income (refer to IRS 1040 & 1040-SR line 15), or or **Annual Take-home Pay (after taxes)**:

- | | | | |
|---|---|---|---|
| ☐ \$0-\$23,475 | ☐ \$23,476-\$31,725 | ☐ \$31,726-\$39,975 | ☐ \$39,976-\$48,225 |
| ☐ \$48,226-\$56,475 | ☐ \$56,476-\$64,725 | ☐ \$64,726-\$72,975 | ☐ \$72,976-\$81,225 |

Certification and Signatures (Required for Students Under age 18)

I/We certify that all the above information is true and complete to the best of our knowledge.

I/We certify that the information provided concerning citizenship is accurate.

I/We authorize the release of my high school and college records (transcripts, standardized tests scores, PowerSchool records, special needs documentation, and enrollment status) to the Educational Opportunity Center (EOC).

I/We give permission EOC to keep copies of financial aid information and college admission applications in my file.

I/We give permission for my dependent to attend EOC activities.

I/We authorize the release and exchange of the student financial aid information from colleges and federal government to EOC.

I/We understand that the completion of this application does not guarantee acceptance in the EOC program.

I/We understand that the completion of this application will be held in confidence by the EOC program.

I/We authorize the use of my photograph in EOC publications and media releases to the EOC program.

I/We understand that if I need accommodation for a disability to participate in EOC, or any of its scheduled activities, I must contact the Educational Opportunity Center.

Parent's or Guardian's Signature _____

Printed Name _____

Date _____