EOP-College is partially funded by U. S. Department of Education grants and provides services that are available to students based upon physical handicap, family taxable income, and/or parent's education. We use your answers to these questions to assess your eligibility to receive services through this grant.

1. **Physical Disability:** Do you have a physical disability that requires modified instructional materials or physical facilities?  
   A. _____ No  
   B. _____ Yes (Specify) ____________________________

2. **Government Services Documentation:** Do you or your family receive any of the government services listed below?  
   A. _____ Yes  
   B. _____ No  
   Check all that apply:  
   A) ____ TANF/W2 Case # ____________________  
   B) ____ Food Stamps Case # ____________________  
   C) ____ Medicaid Case # ____________________  
   D) ____ SSI Need Letter of Documentation  
   E) ____ Legal Guardian/Ward of State Need Letter of Documentation

3. **Parent's Education:** Provide requested information only for the parent/guardian(s) who regularly lived with and supported you.  
   Circle highest grade completed of parent(s) indicated.  
   Mother/Female Guardian  
   Father/Male Guardian  
   Elementary 1 2 3 4 5 6 7 8  
   High School 9 10 11 12  
   College 1 2 3 4 5 6 7 8  
   Bachelor's Degree completed? __Yes __No

4. **Family Taxable Income:** Skip this question if you did not file a tax return.  
   A. Family size ______  
   B. Latest tax year filed ______  
   C. Family taxable income (from worksheet on back) __________  
   D. No tax returns required (reason) __________________________

(over)
1. The student is (a) married   (b) single   (c) divorced   (d) separated   (e) widowed
   (Circle appropriate letter).

2. The student has ________ children   (enter appropriate number).

3. Indicate the amount of taxable income for the last year filed.
   Last year the taxable income was indicated on line 43 of tax form 1040, line 27 on 1040A and
   6 on 1040EZ, (please include copies of 2014 tax returns)

If a person listed was not required to file an individual return or was not a member of your
family household, enter "NA" in the box.

<table>
<thead>
<tr>
<th>FAMILY MEMBERS IN YOUR HOUSEHOLD</th>
<th>TAX FORM USED</th>
<th>TAXABLE INCOME TAX YEAR 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Filers</td>
<td>Check One:</td>
<td>$__________</td>
</tr>
<tr>
<td></td>
<td>1040EZ _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1040A _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1040 _______</td>
<td></td>
</tr>
<tr>
<td>Mother/Father/Guardian (circle one)</td>
<td>Check One:</td>
<td>$__________</td>
</tr>
<tr>
<td></td>
<td>1040EZ _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1040A _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1040 _______</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Check One:</td>
<td>$__________</td>
</tr>
<tr>
<td></td>
<td>1040EZ _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1040A _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1040 _______</td>
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</tr>
<tr>
<td>Spouse</td>
<td>Check One:</td>
<td>$__________</td>
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<td></td>
<td>1040EZ _______</td>
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<tr>
<td></td>
<td>1040 _______</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$__________ *</td>
</tr>
</tbody>
</table>

UNANSWERED ITEMS MAY DELAY YOUR APPLICATION

* Enter total on question 4, Line C, front page.

Applicant Certification: The information provided on this form is true and complete to the best of my
knowledge and belief. If asked by an authorized official, I agree to give proof of the information
provided. I realize this proof may include a copy of U. S. income tax returns for persons whose taxable
income is noted above, and that if I don't provide proof if asked, I may be considered ineligible for
program enrollment.

Student Signature/Date   Student's Spouse Signature/Date

Mother/Guardian/Date    Father/Guardian/Date

NOTE: Parent/Guardian signatures are required for students under 18 years of age or if parent(s) support
student.