

PO Box 9020  
 Tyler, TX 75711-9020  
 P: 903-510-2612 F: 903-595-6581



PY 2021-2022

**Confidential Application for Program Services**

Name: \_\_\_\_\_ TJC A# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital status:  Single  Married  Divorced  Widowed Month and year if married, separated, divorced, or widowed \_\_\_\_\_

Gender:  Male  Female Which one of your parents completed a 4-yr degree?  Neither  Father  Mother  Both

Are you currently a participant in another TRIO program?  Yes  No

If yes, which program are you a participant? \_\_\_\_\_

Are you a veteran of the U.S. Armed Forces?  Yes  No Active Duty?  Yes  No

Are you the Spouse or Child of active duty military?  Spouse  Child

Are you a U.S. citizen?  Yes  No If no, are you an eligible non-citizen?  Yes  No

Alien Registration Number A- \_\_\_\_\_

Ethnic Category:  Hispanic or Latino  Not Hispanic

Race/Ethnicity: (check all that apply)  American Indian or Alaska Native  Hispanic/Latino of any race  Asian  Black or African American  
 White / Caucasian  Native Hawaiian or Other Pacific Islander  Other \_\_\_\_\_

Is English your first language?  Yes  No

FINANCIAL STATUS	HIGHEST LEVEL OF EDUCATION	SERVICES NEEDED
<input type="checkbox"/> Independent Student <input type="checkbox"/> Dependent Student <input type="checkbox"/> Senior in High School What is the size of your family household? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8+ <b>Family's Total Taxable Income*</b> <input type="checkbox"/> 17,235 or less <input type="checkbox"/> 41,356 – 47,385 <input type="checkbox"/> 17,236 – 29,265 <input type="checkbox"/> 47,386 – 53,415 <input type="checkbox"/> 23,266 -29,295 <input type="checkbox"/> 53,416 – 59,445 <input type="checkbox"/> 29,296 – 35,325 <input type="checkbox"/> 59,446 – or more <input type="checkbox"/> 35,326 – 41,355 <input type="checkbox"/> Did not have to file <b>Household Funding Sources</b> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> TANF <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Medicaid <input type="checkbox"/> Public Housing <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Monthly Amt? _____	<input type="checkbox"/> Senior in High School Where? _____ <input type="checkbox"/> High School Graduate Where? _____ <input type="checkbox"/> Enrolled in GED Program Last Grade Attended and School _____ <input type="checkbox"/> GED Graduate Year? _____ <input type="checkbox"/> Neither HS or GED Graduate <input type="checkbox"/> Enrolled in Postsecondary Where? _____ <input type="checkbox"/> Attended College Where? _____ <input type="checkbox"/> Graduated Postsecondary Institution: _____	<input type="checkbox"/> GED Classes / Test <input type="checkbox"/> Career Information <input type="checkbox"/> Financial Literacy Information <input type="checkbox"/> Admissions / Application Assistance <input type="checkbox"/> Financial Aid Assistance <input type="checkbox"/> FAFSA Verification Assistance <input type="checkbox"/> Adult Petition <input type="checkbox"/> Enrollment / Course Selection <input type="checkbox"/> Academic Coaching / Counseling <input type="checkbox"/> ACT Prep <input type="checkbox"/> High School Transcript <input type="checkbox"/> GED Transcript <input type="checkbox"/> Postsecondary Transcript <input type="checkbox"/> Financial Aid Suspension Appeal <input type="checkbox"/> Academic Suspension Appeal <input type="checkbox"/> Defaulted Student Loan <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

**Certification and Signature**

I certify that all of the above information is true and completed to the best of my knowledge	I certify that the information provided concerning citizenship is accurate	I certify that the information provided concerning taxable income is accurate
I authorize the release of my college records to EOC TRIO Program	I understand that the completion of this application does not guarantee acceptance in the EOC program	I authorize the use of my photograph in TRIO EOC publication and media releases
I understand that in order to receive TJC EOC Services, I must provide proof of income. The Tyler Junior College Educational Opportunity Center is authorized to access or release family income, admissions, academic and/or financial aid information deemed necessary to assist me in achieving my educational goals or in meeting the program reporting requirements of the US Department of Education. A copy of this signed statement shall serve as authorization for the release/sharing of information.		

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment S Statement:**

Tyler Junior College TRIO Educational Opportunity Center is 100% federally funded by the U.S. Department of Education. The TJC EOC annual budget is \$273,00.00 to serve 1000 participants, who are from Anderson, Cherokee, Henderson, Smith, Van Zandt, and Wood Counties that are non-traditional, low-income, first generation college students, and students that have disabling conditions.

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**STATEMENT OF FAMILY INCOME**

CLIENT NAME \_\_\_\_\_  Independent  Dependent

PARENT NAME (If Minor or Dependent) \_\_\_\_\_

NUMBER IN HOUSEHOLD \_\_\_\_\_

I (or my dependent) applied for services from the TJC Educational Opportunity Center (TJC EOC) and in order to satisfy Department of Education requirements to document family income, I certify that the following is true and correct to the best of my knowledge:

- I, the Parent, am not required to file a Tax Return
- My household is not required to file a Tax Return

The source(s) of income for 2020 were (check all that apply)

- Wages from employment in the amount of \$ \_\_\_\_\_
- SSI/Other Social Security Benefits in the amount of \$ \_\_\_\_\_
- Child Support in the amount of \$ \_\_\_\_\_
- Other Sources: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME FOR 2020 was: \$ \_\_\_\_\_**

- My household did or will file a 2020 tax Return, but no copy is available.

FILING STATUS	ADJUSTED GROSS INCOME	-	STANDARD DEDUCTION	=	TAXABLE INCOME
<input type="checkbox"/> Single	\$	-	\$ 12,400	=	\$
<input type="checkbox"/> Head of household	\$	-	\$ 18,650	=	\$
<input type="checkbox"/> Married Joint Return or Widowed with Dependent	\$	-	\$ 24,800	=	\$
<input type="checkbox"/> Married Filing Separate	\$	-	\$ 12,400	=	\$

COMMENTS: \_\_\_\_\_

The TJC EOC representative has assured me that the information provided herein is considered **confidential** and is used only to determine eligibility for EOC services or other income-based opportunities that I, or my dependent, may seek.

Signature \_\_\_\_\_  
 Client  Parent of Minor/Dependent Client

Date \_\_\_\_\_