

application

Which EOC Program of study are you requesting? _____

Would you prefer taking classes: Day _____ Evening _____ Saturday _____ (check all that apply)

Personal Information (please print)

Last Name First Name Middle Initial Former Name (if applicable)

Social Security Number* Date of Birth Month Day Year Gender* Male Female

Permanent Home Mailing Address City State Zip

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Phone Number Alternate Phone Number Email Address

Educational Background

High School attended _____

Do you have a high school diploma? Yes No or GED Yes No

Have you ever applied for classes at EOC before? Yes No If Yes, when? _____

Were you ever enrolled in College? Yes No

If yes, indicate the total number of credits you have earned _____

If yes, were you enrolled in an EOP, HEOP, SEEK, or College Discovery Program Yes No

Residency/Citizenship

Have you been a resident of New York State for 12 months or longer? Yes No

Are you a U.S. Citizen? Yes No If No, are you a permanent resident of the U.S.? Yes No

Are you legally entitled to work in the U.S.? Yes No

Income Information

Are you the Head-of-Household? Yes No Number of dependents? _____ Total Number in Household? _____

Are you employed? Yes No If yes, where _____

Are Any of These People Living in Your Household? Check All That Apply:

- A minor child under the age of 18 or under the age of 19 and attending secondary school (High School or an equivalent level of vocational or technical training, (e.g., a BOCES program)
- A pregnant woman
- An adult who is not the parent, but is a relative caring for a minor child **OR**
- You are the non-custodial parent of a minor child

Please Indicate all Sources of Income that Apply to You or Your "Head of Household"

- Employment (Annual Salary): \$ _____
- Unemployment Benefits \$ _____
- Social Services: Home Relief TANF
- Social Security Benefits \$ _____
- Disability Benefits \$ _____
- Veteran's Benefits \$ _____
- Other _____

Emergency Notification

Please identify an adult relative or friend the EOC should contact if an emergency occurs while you are in school.

Name _____ Phone# _____

Relationship _____

All information submitted is true to the best of my knowledge.

SIGNATURE: _____ Date _____

RELEASE: The EOC may photograph or videotape students in a variety of school-related activities. We request permission to use your photo in EOC recruitment and promotional materials. Your signature below authorizes our use. Thank you

SIGNATURE: _____ Date _____

"In accordance with federal and state laws, no person in whatever relationship with the State University of New York at Buffalo shall be subject to discrimination on the basis of age, religion or creed, color, disability, national origin, race, ethnicity, sex, marital or veteran's status. Additionally, New York State Governor's Executive Order 28 and the University Board of Trustees Policy prohibit discrimination on the basis of sexual orientation."