



Confidential Client Intake Application

2019-2020

The Maryland Educational Opportunity Center (MEOC), a program of the national office of Delta Sigma Theta, Inc. funded by the U.S. Department of Education, provides free postsecondary planning assistance to eligible program participants.

PLEASE PRINT

Name: Last First MI Soc. Sec. No.: / / A-No./Alien Reg. No.:

Address: City State Zip

Home Phone: Cell/Work Phone: Email:

Date of Birth: / / Age: Male Female U.S. Citizen Eligible Noncitizen Other

Married Single Separated Divorced Widow/er

Hispanic/Latino American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White More than one race Physical or Learning Disability

Veteran Active Duty Military Parent Active Duty Military Spouse Active Duty Military

Family Size:

Annual taxable income range for last year

If you are a dependent, do both.

Table with columns for You and Parents, and rows for income ranges from \$0 to Over \$65,516.

Income Sources:

- Employment: Currently Employed: Yes No
Public Assistance
Social Security
Unemployment Compensation
Veterans Benefits
None
Other

Does your father have a bachelor's degree? Yes No

Does your mother have a bachelor's degree? Yes No

Check only one:

- In high school: Grade: School:
High school dropout: Highest grade completed:
High school/GED graduate: Year:
Enrolled in GED program: Where:
Enrolled in college/tech school: Where:
Potential college transfer student
College/tech school dropout
College/tech school graduate: Degree:

Services Requested:

- Admissions College Transfer Financial Aid Career Guidance
GED Referral GED Practice Test Financial Literacy Other

Are you currently participating in an Upward Bound, Talent Search or Student Support Services program? Yes No

Signature certifies that the above information is true and complete. I hereby authorize the Maryland Educational Opportunity Center to release and receive information, including education records, to assist me with my educational planning.

CLIENT PARENT: DATE

OFFICE USE ONLY

Counselor/Specialist: Location: Referred by:
New: Cont. LI/FG: LI: FG: O: College Ready: Military Connected:
Verification: Tax Forms Pay Stub Soc. Sec. Benefit DSS Budget Signed Fin. Aid/SAR
Income Statement Other