



HIGH SCHOOL APPLICATION 2021-2022

Grand Valley State University
Laker Educational Opportunity Center
GVSU DeVos Campus, 301 West Fulton Grand Rapids, MI 49405
616-331-LEOC (5362) – leoc@gvsu.edu



Student Information

Applicant Name:					
<i>First</i>		<i>Middle</i>		<i>Last</i>	
County:		City/State:		Zip Code:	
Address:		City/State:		Zip Code:	
Cell Phone:		Home Phone:		Date of Birth:	
Email Address:					
Instagram Name:		Facebook Name:		Twitter Name:	
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse of Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child of Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Citizen Status:		<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other		PR# (copy of card required):	
Ethnicity (Select all that apply):		<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-Racial			

Current Education Level:	<input type="checkbox"/> Adult w/o H.S. Credentials <input type="checkbox"/> H.S. Graduate/GED <input type="checkbox"/> H.S. Senior <input type="checkbox"/> Other
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Name of college you are interested in attending _____	Intended Enrollment Date _____
(Intended) Major _____	

Needs Assessment		Yes	No
1.	I need to learn about the correct academic classes that I should take in college.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I need to learn more about college admissions requirements/fee waivers.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I need scholarship information/application assistance.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I need assistance completing FAFSA.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I need assistance with researching financial aid.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I plan to attend college.	<input type="checkbox"/>	<input type="checkbox"/>
6.	I need career counseling/workshops/mentoring.	<input type="checkbox"/>	<input type="checkbox"/>
7.	I need assistance with financial literacy (i.e. – banking, budgeting, saving, etc).	<input type="checkbox"/>	<input type="checkbox"/>
8.	I need to know how to prepare to be a postsecondary student.	<input type="checkbox"/>	<input type="checkbox"/>
9.	I need to learn how to set goals and make better decisions.	<input type="checkbox"/>	<input type="checkbox"/>
10.	I need to better understand my interests, abilities and other traits.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I need to visit college campuses to explore my options.	<input type="checkbox"/>	<input type="checkbox"/>
12.	I need to get involved in positive activities, extra-curricular activities and or clubs or organizations.	<input type="checkbox"/>	<input type="checkbox"/>
13.	I need a community service agency referral.	<input type="checkbox"/>	<input type="checkbox"/>
14.	I am currently sharing housing due to economic hardship or loss of housing, awaiting Foster Care placement, living in a Foster home, residing in a Group home or an emergency/transitional shelter.	<input type="checkbox"/>	<input type="checkbox"/>
15.	I have thought about dropping out of school.	<input type="checkbox"/>	<input type="checkbox"/>

I am currently a participant of the following:	<input type="checkbox"/> Upward Bound Math & Science <input type="checkbox"/> Upward Bound <input type="checkbox"/> Talent Search <input type="checkbox"/> None
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First Generation Status		YES	NO	If yes, then list:
Has either parent/supporter received a 4-year degree from a college/university?		<input type="checkbox"/>	<input type="checkbox"/>	
Income Verification				
<p>Note: Individuals younger than 24 years of age not qualified as Independent must provide their parent or guardian's tax information and signature. To qualify as independent, you must be at least one of the following: 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.</p>				
Are you at least 24 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, can you claim independent status on your taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please complete the information below as a verification of your family income from last year.				
If yes, please provide your own taxable income from last year.				
FAMILY INCOME: What is your family's taxable income for last year? <i>*Taxable Income: This information is located on tax forms (1040-line 11b)</i> DO NOT USE YOUR ADJUSTED GROSS INCOME		\$		
How many people live in your household?				
Public Assistance you or your household receives:		<input type="checkbox"/> Cash Assistance <input type="checkbox"/> Food Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Disability		
Independent Student Signature:			Date:	
If Dependent, Parent needs to sign below.				
<p>The information requested on this form will be utilized to assist us in providing services for you or your student. To provide the most effective services, we may need to obtain information from several sources, such as high schools, colleges, testing agencies, counselors, admissions and financial aid officers, social workers, etc. ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.</p>				
School Records				
<p>I grant the Laker Educational Opportunity Center (LEOC) Program permission to obtain school records, transcripts, standardized test scores (EOC/EOG/SAT/PSAT/ACT/PLAN) grade reports, test results, and financial aid transcripts from the secondary school and college I am attending until I graduate from college or for 6 years after I graduate from high school, according to the terms of the federal LEOC grant. I will also permit LEOC program staff to speak with teachers, counselors, and other school administrators to obtain and exchange information as part of the services I will receive from the LEOC program. I authorize LEOC to access or release copies of my academic transcripts, test scores, college admissions enrollment, and financial aid information that is necessary to assist in achieving my education goals. <input type="checkbox"/> Opt out.</p>				
Media Release				
<p>Periodically, students participating in the LEOC program events may be photographed, filmed, or interviewed. I grant permission to the LEOC staff to use my photographs, film or interviews that may be used to promote or publicize the program events or demonstrate how federal funds are utilized to assist students. <input type="checkbox"/> Opt out.</p>				
Applicant Signature:				
<p><i>I understand that the above information will be held strictly confidential and will be used for supporting my educational aspiration for college enrollment. All the information provided is true and complete to the best of my knowledge.</i></p>				
Applicant Signature:			Date:	
Parent/Supporter Signature:			Date:	
Do not write below this line.				
For Office Use:				
Participant status: _____ Approve _____ Deny Reason for denial _____				
Director's signature _____ Date of Review _____				
Notes:				