

**CHEAHA EDUCATIONAL OPPORTUNITY CENTER (EOC)
APPLICATION
GADSDEN STATE COMMUNITY COLLEGE**

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone Home _____ Cell _____ Check All That Apply: Call Text

Preferred E-Mail _____ Email

Date of Birth ____ / ____ / ____ Gender: Male Female

Race: American Indian/Alaskan Native Asian Black/African American White
Native Hawaiian or Islander **More than one race (Please mark all that apply.)**

Are you of Hispanic ethnicity? Yes No Is English your native language? Yes No

U.S. Citizen: Yes No

If you are not a U.S. Citizen, are you a permanent resident? Yes No

Green Card # _____ Are you a Veteran? Yes No

Are you currently a participant in a Talent Search or EOC program? Yes No

Did either of your parents/legal guardians graduate from a 4-year university? Yes No

If YES, please list the university name: _____

Disability Eligibility:

Do you have a disability? Yes No If yes, please list disability: _____

Accommodations requested: _____

Academic Goals:

GED Completion Refresher Skills College Enrollment

Other (Please specify): _____

I verify that the information on this form is true and complete to the best of my knowledge and grant the Cheaha Educational

Independent Student:

Number in household _____

Check which was your taxable income in 2020:

Dependent Student:

Number in household _____

Check which was your taxable income in 20

GADSDEN STATE COMMUNITY COLLEGE
CHEAHA EDUCATIONAL OPPORTUNITY CENTER (EOC)
INCOME VERIFICATION FORM

EDUCATIONAL OPPORTUNITY CENTER

Confidentiality Statement