



The Educational Opportunity Center is a program funded by the U.S. Department of Education. This is not an application for admission to Malcolm X College. This document can be sent to: 1900 W. Van Buren St., Room 1314, Chicago, IL 60612

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Age \_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

**PROFILE:**

Female     Male     Other

**Are you a U.S. citizen?**  
 Yes     No

**If you answered no to the previous question, are you a legal resident alien?**  
 Yes     No

What is your alien registration number?  
 \_\_\_\_\_

**Is English your native language?**  
 Yes     No

If no, what is your native language?  
 \_\_\_\_\_

**If applicable, please check the appropriate box.**  
 Military Veteran  
 Active duty military  
 Spouse of active duty military  
 Child of active duty military

**Do you have any disabilities?**  
 Yes     No

If yes, describe your disability.  
 \_\_\_\_\_

**Please check the appropriate box.**  
 African American  
 American Indian/Alaskan Native  
 Asian or Pacific Islander  
 Caucasian  
 Hispanic/Latino  
 Other (please specify)  
 \_\_\_\_\_

**EDUCATIONAL DATA:**

**Do you have one of the following?**  
 High school diploma     Yes     No  
 GED     Yes     No

**Are you enrolled in a GED program?**  
 Yes     No

If yes, name your GED program.  
 \_\_\_\_\_

**Are you enrolled in a degree program?**  
 Yes     No

If yes, name your degree program.  
 \_\_\_\_\_

**Have you attended college in the past?**  
 Yes     No

If yes, how many credit hours did you earn?  
 \_\_\_\_\_

**Do either of your parents have a bachelor's degree?**  
 Yes     No

**If applicable, please indicate the federal TRIO programs you have utilized.**  
 Upward Bound  
 Upward Bound Math-Science  
 Veterans Upward Bound  
 Talent Search  
 GEAR UP  
 Student Support Services  
 Other

**FAFSA INFORMATION:**

**Will you apply for Financial Aid?**  
 Yes     No

**If you answered yes to the previous question, the following information is required to apply for Financial Aid.**

SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**What was your household taxable income last year?**  
 \_\_\_\_\_

**How many people (including yourself) live in your household?**  
 \_\_\_\_\_

**DESCRIBE YOUR GOALS:**

**Program of study/Career interest:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Desired degree level:**  
 Basic Certificate (29 or less hours)  
 Advanced Certificate (30-49 hours)  
 Associate's Degree (Average 60 hours)  
 Bachelor's Degree (Average 120 hours)

**Desired enrollment term:**  
 Fall 20\_\_\_\_  
 Spring 20\_\_\_\_  
 Summer 20\_\_\_\_  
 Other 20\_\_\_\_

**Schools you intend on applying to:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing, I certify that the above information is true and correct to the best of my knowledge. I also certify that I do not have access to a Federal Talent Search program. Further, I understand that my image may be used to promote the program. By signing this release, I authorize any official representative of the Educational Opportunity Center (EOC) at Malcolm X College (MXC) to request and obtain my information from any post-secondary educational institution. This information may include, but is not limited to, records concerning admissions and/or enrollment. I am also aware that the information provided to the EOC program will be protected under the Family Education Rights Privacy Act of 1974.

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

Parent's signature (if required) \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL EDUCATION PLAN**

This form will be completed with the assistance of your Educational Specialist.

Referrals:                      Obstacle    Agency  
\_\_\_\_\_

Selected Colleges/Universities:    Date to be completed:  
\_\_\_\_\_

Supportive Documents: Transcripts/test scores    Date to be completed:  
\_\_\_\_\_

Other task(s):    Date to be completed:  
\_\_\_\_\_

Financial Aid:                      FAFSA/Scholarships/Grants    Date to be completed:  
\_\_\_\_\_

**Parent challenge question answer:** \_\_\_\_\_ **Pin:** \_\_\_\_\_

**Student challenge question answer:** \_\_\_\_\_ **Pin:** \_\_\_\_\_ **Password:** \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

**For office use only**

**Category:**  New Student       Continuing Student                      **Level:**  College Ready       Not College Ready

**Classification:**  FG/LI       FG       LI       Other \_\_\_\_\_

**Service objectives:**  Financial Aid       Admissions

**Beginning Status (19 years and older):** \_\_\_\_\_

**AWNE** = Adult without high school credential not enrolled in CE

**AWE** = Adult without high school credential enrolled in CE

**PDO** = Postsecondary drop-out

**PS** = Postsecondary student

**O** = Other

**HSNE** = High School graduate not enrolled in program of PSE

**PDOWD** = Postsecondary drop-out without a secondary school diploma

**PPT** = Potential postsecondary transfer

**U** = Unknown

**Beginning Status (High School age):** \_\_\_\_\_

**HSNS** = High School non-senior

**HSS** = High School senior

**SSD** = Secondary school dropout

**AEP** = Alternative Education Program

**OH** = Other (High School)

Walk-in     Referral     Event: \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Educational Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Entered