



# LEOC Intake Form 2024-2025

Grand Valley State University—Laker Educational Opportunity Center

GVSU DeVos Campus, 401 West Fulton  
Grand Rapids, MI 49504  
616-331-LEOC (5362) – lakereoc@gvsu.edu

Applicant Information						
Applicant Name:						
<i>First</i>		<i>Middle</i>		<i>Last</i>		
Date of Birth:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
Address:						
City/State:			County:	Zip Code:		
Cell Phone:			Home Phone:			
Email Address:						
Are you...	A 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	
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 or 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
<b>Educational Status (Check all that apply):</b>						
<input type="checkbox"/> High School Senior		School Attending:				
<input type="checkbox"/> Currently in a GED/HS program		Program Attending:				
<input type="checkbox"/> High School Incomplete		Last Year Grade Attended:				
<input type="checkbox"/> High School Graduate	School:	Year Graduated:	City, State:			
<input type="checkbox"/> GED Program Graduate		Year Graduated:				
<input type="checkbox"/> Vocational/Technical Certificate		Program of Study:	Year Graduated:			
<input type="checkbox"/> Some College		School:	Dates Attended"			
<input type="checkbox"/> College Graduate	<input type="radio"/> 2 – Year <input type="radio"/> 4 - Year	Year Graduated:	<input type="radio"/> Currently Attending	School:		
<b>Current TRIO Participation</b>						
I am currently a participant in the following TRIO program(s): <input type="checkbox"/> Upward Bound Veteran <input type="checkbox"/> Student Support Services						
<b>Needs Assessment (Check all that apply):</b>						
<input type="checkbox"/> GED information <input type="checkbox"/> GED/Assessment tutoring <input type="checkbox"/> Financial literacy <input type="checkbox"/> Financial Aid/FAFSA <input type="checkbox"/> Financial Aid Appeals		<input type="checkbox"/> Scholarships/other aid options <input type="checkbox"/> Transcript request High School/GED/College <input type="checkbox"/> College applications <input type="checkbox"/> College exploration <input type="checkbox"/> College placement exams/tutoring		<input type="checkbox"/> Career options/information <input type="checkbox"/> Academic Advising <input type="checkbox"/> Veteran Services <input type="checkbox"/> Other		
<b>College/Career Goals</b>						
List Colleges of Interest:						
What are your educational and career goals?						
When do you plan to attend college?						
<b>First Generation Status</b>				<b>YES</b>	<b>NO</b>	<b>If yes, then list:</b>
Has either parent/supporter received a 4-year degree from a college/university?				<input type="checkbox"/>	<input type="checkbox"/>	

## Income Verification

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.

Are you at least 24 years of age?  Yes  No      If no, can you claim independent status on your taxes?  Yes  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?

\*Taxable Income: This information is located on tax forms (1040-line 11b)

**DO NOT USE YOUR ADJUSTED GROSS INCOME**

\$

How many people live in your household?

Public Assistance you or your household receives:  Cash Assistance  Food Assistance  Social Security  Disability

Independent Student Signature:

Date:

If Dependent, Parent needs to sign below.

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.

## School Records

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.  Opt out.

## Media Release

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.  Opt out.

## Applicant Signature:

*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.*

Applicant Signature:

Date:

Parent/Supporter Signature:

Date:

## Do not write below this line.

For Office Use: **FGLI**  Yes  No **LI**  Yes  No **FG**  Yes  No Other \_\_\_\_\_

Participant status: \_\_\_\_\_ Approve \_\_\_\_\_ Deny Reason for denial \_\_\_\_\_

Director's signature \_\_\_\_\_ Date of Review \_\_\_\_\_

Notes: