Harlem Center for Education - Educational Opportunity Center
Confidential Intake Form

Tel.212-348-2762 **2009-2010 Program Year** *Site: 2161 Second Avenue, New York, NY 10029*

First Name *M.I.* *Last Name*

Address: *Street* *Apt. #*

City N Y *State* *Zip Code*

Home Phone *Work/Cell*

Date of Birth: - - 19 *Age:* *Gender:* *Male* *Female*

Social Security Number *Email*

1. Citizenship
- ☐ U.S. Citizen
- ☐ Permanent Resident
- ☐ Political Refugee*
- ☐ Political Asylum*
- ☐ Applied for Permanent Residency*

* *Documentation needed*

2. Ethnicity
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ More than one race
- ☐ White

3. Are you a veteran of the U.S. Armed Forces?
☐ Yes ☐ No

4. Do you have a disability?
☐ Yes ☐ No
If yes, check all that apply:
☐ Physical ☐ Learning

5. Are you currently employed?
☐ Full-time ☐ Part-time ☐ No

6.Do you receive any of the following:
SSI____ SSD____ PA /TANF_____
Unemployment_____

7. What is your Family Income? $_____

8. How many people depend on the family income above? _____

9. What is your level of education as of TODAY:
- ☐ Did not graduate from High School. What grade did you last complete? _____
- ☐ I have a High School IEP diploma
- ☐ Graduated from High School or GED
- ☐ Attended College, but did not graduate
- ☐ Enrolled in college or vocational/technical program: Name of college or program: _____
- ☐ Graduated from College

10. Do either of your parents have a 4 year US Degree?
☐ Yes_____ ☐ No_____

11. List careers that you are interested in learning about:

_____

12. Select the type of institution of higher education you are interested in learning about:
☐ Vocational/Technical ☐ 4 year College
☐ 2 year College ☐ Other_____

13. Do you need assistance with the following? (Please check all that apply):
☐ Admissions ☐ Financial Aid ☐ GED
☐ Academic Advising ☐ Career Counseling

☐ Other, Please Specify: _____

14. How did you hear about us? (Please check all that apply):
☐ Agency ☐ Friend / Relative ☐ School
☐ Other, Please Specify: _____

Important, please sign and date: I hereby verify that all information provided is correct and filled out to the best of my knowledge. I also authorize the Harlem Center for Education - Educational Opportunity Center to receive any personal information as it relates to my educational planning or future education achievements.

Applicant Signature: _____ **Date:** _____