

**TRIO - EDUCATIONAL OPPORTUNITY CENTERS (EOC) PROGRAM
AGENCY REFERRAL FOR PROGRAM SERVICES
2008-2009**

--	--	--	--

Last Name First Name Middle Initial SSN

Address Apt #

City , Kansas Zip: County:

Home Phone Message Phone

Gender: Female Male Date of Birth: US Citizen? Yes No

Veteran? Yes No Disability? Yes No Indicate # in the Family:

Indicate Family's Total 2008 Adjusted Gross Income: \$ Source:

Other pertinent information:

AUTHORIZATION

I certify that the above named client has a need for EOC Program services. I understand that the EOC's goal is to provide technical assistance to assist adults who desire to enter or re-enter a post secondary education institution.

I therefore refer the above named client for technical assistance and guidance for post secondary placement including: career exploration, assistance to apply for financial aid, complete admissions applications, and preparation for college entrance exams.

SRS Staff Name/ Title

Department

Date

Phone: ext

Email:

