

Grant Eligibility Information

BASIC INFORMATION

First Name _____

Last Name _____

Social Security Number _____

Birth Date _____ / _____ / _____

Age _____

Previous Names, Alias or Nicknames _____

Today's Date _____ / _____ / _____

Gender: Male Female

Ethnicity: American Indian/Alaskan Native

Asian

Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

Multi-Ethnic

White/Non-Hispanic

Unknown

ADDRESS

Address _____

Address (Line 2) _____

City _____

County _____

State/Province _____

Zip _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

Email Address 2 _____

Marital Status: Single Married Divorced Common Law Widowed

School Name (if enrolled): _____

Current School ID: _____

Facebook Link: _____

Twitter Handle: _____

LinkedIn Page: _____

Other Social Media: _____

Have you ever served on active duty in the U.S. Armed Forces? (Active duty includes serving in the U.S. Armed Forces as well as activation from the Reserves or National Guard).

Yes, on active duty in the past but not now

Yes, on active duty

No, never on active duty except for initial/basic training

No, never served in the U.S. Armed Forces

Are you a Veteran? Yes No

Have you ever been married to a Veteran? Yes No

If yes, do any of these apply to your spouse?

Any Veteran who died of a service connected disability

Any Veteran who has a total disability resulting from a service-related disability

Any Veteran who dies while a disability so evaluated was in existence

Any member of the Armed Forces serving on active duty who, at the time of application

for assistance under this section, is listed, pursuant to section 556 of title 37 and regulations issued by the Secretary concerned, in one or more of the following categories and has been so listed for a total of more than 90 days: missing in action, captured in the line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

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RELIABLE CONTACTS

Name

Address

Address (Line 2)

City

County

State/Province

Zip

Primary Phone Number

Secondary Phone Number

Email Address

Email Address 2

Relationship: Family Friend Neighbor Other

Name

Address

Address (Line 2)

City

County

State/Province

Zip

Primary Phone Number

Secondary Phone Number

Email Address

Email Address 2

Relationship: Family Friend Neighbor Other

FOR AACC/AWDC Staff Only

PLEASE NOTE: THIS SECTION TO BE FILLED OUT BY AACC/AWDC STAFF ONLY

<input type="checkbox"/> ACE
<input type="checkbox"/> Walmart
<input type="checkbox"/> Other

Participant's Name: _____

Proof of Documentation - If Checked, a copy of the document must be maintained and uploaded into ETO.

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Family Income |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Selective Service | <input type="checkbox"/> Foster Child |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Ex-Offender |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Other: _____ |

- Upload: Consent Form
- Upload: Signed FERPA Consent Form
- Upload: Individual Education Plan (IEP) or 504 Form
- Upload: College Application or Registration

Notes: _____
