

Tech Opportunities Program (TOP)

Oregon Institute of Technology

Application Date: _____

Tech Opportunities Program provides support services to Oregon Tech's first-generation students, low income students and students with disabilities to support their success in college and beyond. This federally funded TRIO Student Support Services program is designed to increase student retention and graduation rates.

CONTACT AND BASIC INFORMATION

Full Legal Name: _____
First
Middle Initial
Last

What do you wish to be called (if different from the legal name): _____

OIT ID Number: _____

OIT e-mail address: _____ Gender: _____ Residence Hall Room: _____

Local address: _____
Street
City
State
Zip

Permanent Address: _____
Street
City
State
Zip

Cell Phone: _____ Alternate Phone: _____

Date of Birth: _____ Marital Status: _____

Number of Children: _____ Hours working per week: _____

Citizenship (check only one): US Citizen | Legal Resident | Other: _____

Ethnic Origin (check all that apply): Hispanic or Latino | Not Hispanic or Latino

Race: (check all that apply):

Asian Native Hawaiian or Pacific Islander Black or African American White

American Indian or Alaska Native Other: _____

The financial and non-directory educational record information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232 (g), regulations 34 CRF Part 99. We cannot release information to another person without your written authorization.

Student's initials: _____

PLEASE CONTINUE TO NEXT PAGE

ACADEMIC INFORMATION

1. Have you received your: High School Diploma | Date graduated: _____ GPA: _____
 GED Diploma | Date Completed: _____

2. Are you: a new OIT student | a transfer student | a continuing OIT student?

a) Transfer students: college(s) attended: _____ Transfer GPA _____

b) Continuing OIT students: current OIT GPA _____

3. Do you plan to complete a bachelor degree at Oregon Tech? Yes No

a) Current major: _____

4. Current grade level: freshman | sophomore | junior | senior

5. Expected OIT graduation date: _____ | **OIT academic advisor:** _____

6. Are you a veteran? Yes No

7. Has it been more than five years since you last attended school? Yes No

8. Is your home address more than 12 miles from campus? Yes No

9. Have you been part of a TRIO program before? Yes No

If yes, what school? _____

10. Is English your first language? Yes No

If not, what is your first language? _____

11. Are you a single parent? Yes No

12. What are you hoping to gain by participating in the TOP program? _____

13. What challenges do you anticipate in pursuing your degree? _____

14. How confident are you in your skills in the following areas?

Math: _____

Writing: _____

Student's initials: _____

1. Whom did you live with through high school? _____
2. Did your mother earn a four-year degree from a college or university? Yes No
3. Did your father earn a four-year degree from a college or university? Yes No
4. Do you have a documented disability? Yes No
5. Income eligibility:
 - a) Do you receive financial aid? Yes No
 - b) Are you: a dependent student | an independent student | do not know

For an independent student:

Student's name: _____

Date of birth: _____

My taxable income in the prior year was: \$_____.

The size of my family unit during that year was_____.

The information I have stated on this form is true and accurate.

Signature (independent student): _____ Date: _____

For a dependent student:

(Needs to be completed by a parent or a legal guardian)

Student's name: _____

Student's date of birth: _____

Name of the parent or the legal guardian of the student listed above
(Please print): _____

Our family's taxable income in the prior year was: \$_____.

The size of our family unit during that year was_____.

The information I have stated on this form is true and accurate.

Signature (Parent or legal guardian): _____ Date: _____

Signature (student): _____ Date: _____

Student's initials: _____**PLEASE CONTINUE TO NEXT PAGE**

Verification and Release of Information

All information I have submitted on this form is true and complete. I understand this information is confidential and will be used for statistical purposes. Further, in order to verify my eligibility and in the event that I am accepted to the Tech Opportunities Program (TOP), I release the following information to TOP:

Disability Documentation	Mid-term and Final Grades Information
Placement scores	Transcripts: Admissions and Registration
Standardized Test Scores (ACT/SAT/GED)	TRIO records of other schools
Income Information (Federal 1040 or other appropriate income documentation)	
Financial Aid Information _____ initial here to rely solely on FAFSA data*	

Additionally:

- 1) I agree to complete an exit interview in the event of withdrawal, transferring, or graduation from OIT.
- 2) I understand that TOP administrators will contact my instructors on an as-needed basis.
- 3) If living in the residence hall, I understand that TOP can release that I am a TOP participant to the Residence Life professional staff.

Printed Name: _____

Student's Signature: _____ Date: _____

**Please return this form to Oregon Tech, TOP Program, LRC 228, 3201 Campus Drive,
Klamath Falls, OR 97601 or e-mail: Michal.kawka@oit.edu
or fax: 541-885-1126.**

For more information visit www.oit.edu/top or call 541 885 1125

