

TRIO Student Support Services is a U.S. Department of Education federally funded grant program. Please feel free to contact us at the above number with any questions you may have. This and all information you submit to this program will be kept confidential and stored in a locked file cabinet that is in a locked room.

Please complete all items and print clearly.

Today's Date: _____

First Name: _____ Middle Name: _____ Last Name: _____ Gender: M F

Student Id #: _____ SSN: _____ DOB (mm/dd/yyyy): _____

Current address/mailling address: Street: _____ City: _____ State: _____ Zip: _____

Cell Phone No: _____ Preferred E-Mail: _____

Do you have an Associate's or higher degree, or certificate? Yes No What is your major? _____

Citizenship Status: US Citizen Permanent Resident Resident Alien, number: _____

Disabilities: Do you have any of the following documented disabilities: Decline to answer Physical Learning Medical None

Ethnic and Race Identification (as defined by the U.S. Department of Education)

- American Indian/Alaskan** - A person having origins in any of the original peoples of North and South America, (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, South East Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** - Cuban, Mexican, Puerto South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Pacific Islander** - A person having origins in any of the original peoples Hawaii, Guam, Samoa or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

If a language other than English is regularly spoken at home, please specify the language: _____

If you are using other services (ASTC, Veteran Services, etc.) here at SCC please list: _____

What services are you interested in receiving or do you consider an immediate need? Please check all that apply.

- Services to enable students to complete post secondary courses, which may include instruction in reading, writing, study skills, mathematics, science and other subjects.
- Advice and assistance in postsecondary (college) course selection.
- Information on the full range of Federal student financial aid programs and benefits (including Federal Pell Grant awards and loan forgiveness) and resources for locating public and private scholarships, and assistance in completing financial aid applications, including the Free Application for Federal Student Aid.
- Education or counseling services designed to improve the financial and economic literacy of students, including financial planning for post secondary education.
- Activities designed to assist students in applying for admission to, and obtaining financial assistance for enrollment in post secondary and professional programs.
- Individualized counseling for personal, career, and academic matters provided by assigned counselor.
- Information, activities, and instruction designed to acquaint students participating in the project with the range of career options available to the students.
- Exposure to cultural events and academic programs not usually available to disadvantaged students.
- An institutional climate supportive of the success of students who are limited English proficient, students from groups that are traditionally underrepresented in postsecondary education, individuals with disabilities, homeless children and youth, foster care youth or other disconnected students.

First Generation Determination

Which parent did you regularly reside with and receive support from during you childhood? _____

Father has a bachelor's or higher degree ? Yes No

Mother has a bachelor's or higher degree ? Yes No

If you are in foster care or are aging out of the foster care system, do either of your natural or adoptive parents have a bachelor's degree or higher degree?

Yes No If yes, which parent: _____

Income Determination

What is the total **number of persons** (including you) **reported on your family's taxes?** (Exemptions claimed on tax return line 6d)

Taxable income (1040 line 43, 1040A line 27, 1040EZ line 6) for **20** _____ was _____.

Our family had **no taxable income** during the last calendar year.

Our family **did not file a federal income tax return** for the last calendar year. My family's total income from the last calendar year was: _____.

Please read the following statement and then sign and date below.

- **By signing this application, I (we) certify that all of the information provided on this application is true.**
- **Moreover, I authorize the release of the student's official academic records, information about performance from instructors, colleges and testing agencies, financial aid and other offices to determine eligibility to the TRIO Program. I understand that the information in these records will only be used to assess the student's need for program services, discern the student's educational progress, evaluate the effectiveness of program activities and fulfill program reporting requirements and I may be asked to provide additional information for eligibility determination.**
- **I give my permission for the TRIO Program to give my name to college and employer representatives.**

Student Signature

Signature of Parent or Legal Guardian

Date

Print Parent Name

Required Supporting Documents

1. Please provide **one** of the following to verify income:

- A) A signed Self Declaration of Income form if applicable.
- B) Signed and dated verification from another governmental source.
- D) An Income tax form, usually pages 1 and 2 which should include the Taxable Income, Adjusted Gross Income, the number of persons claimed, and your name as a dependent or claimant. Claimant must sign and date the bottom of page 1.

2. Bring in original valid Green Card, if applicable, we will make a copy for our file.

3. Proof of documented disability, if applicable.

Official Use Only:
