



# Application for TRiO Student Support Services

Please complete the application below. Also, please confirm the information you provide is accurate, as it will be used to determine your eligibility for TRIO Support Services, including tutoring, advising, and success coaching. All applications should be returned to the TRIO Student Support Services Office Center for review.

## General Information

Last Name		First Name		Initial	Student ID
Date of Birth		Email Address		Preferred Phone	
Street Address				Work Phone	
City	State	Zip	Cell Phone		Do you text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact			Preferred Method of Contact		
Relationship to You			<input type="checkbox"/> Email <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Messages		
Emergency Contact's Phone					

## Demographic and Eligibility Information

Ethnicity (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Are you a veteran? <input type="checkbox"/> Are you a foster child? <input type="checkbox"/> Are you a homeless or runaway youth?
	Citizenship Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Not a Citizen		
	Your Status, if not a citizen:		
	Are you responsible for your home or children? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Educational Information

Check the <b>highest</b> degree you have completed: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> Other _____	
How many years have you been at ACC? <input type="checkbox"/> First year, never attended <input type="checkbox"/> First year, attended before <input type="checkbox"/> Second year <input type="checkbox"/> Other: _____	
What is your current enrollment status? <input type="checkbox"/> Full time (12 or more credit hours) <input type="checkbox"/> ¾ time (9 – 11 credit hours) <input type="checkbox"/> Half time (6 – 8 credit hours) <input type="checkbox"/> Less than half time <input type="checkbox"/> Not yet enrolled	
What semester and year did you first enroll at ACC? (e.g., Spring 2010)	Current GPA
What is your expected or declared major/degree?	What is your expected graduation date?

## Income Eligibility

**You** must answer these questions **about yourself** if you are a financially independent student. Or, if you are under 24 years of age and are a financially dependent student, **your parent(s)** must answer the following **about themselves**.

My family's taxable (not total) income from the last calendar year was \$

My family did not file a federal income tax return last year.  
My family's total income from the last calendar year was \$

My family had no taxable income during the last calendar year

Does any of your support come from Public Assistance?  Yes  No

Are you a financially independent student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Children <input type="text"/>	Have you lived with your parents in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>How are you paying for your education?</p> <p><input type="checkbox"/> Pell Grant</p> <p><input type="checkbox"/> Work Study</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Parent/Guardian</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Scholarship</p> <p><input type="checkbox"/> Vocational Rehabilitation</p> <p><input type="checkbox"/> Other: _____</p>	<p>Financial Aid Status</p> <p><input type="checkbox"/> Applied</p> <p><input type="checkbox"/> Awarded/Received</p> <p><input type="checkbox"/> Need to Apply</p> <p><input type="checkbox"/> No Need to Apply</p> <p>Agencies with whom you are working:</p> <p><input type="checkbox"/> DSS</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Services for the Blind</p> <p><input type="checkbox"/> Vocational Rehabilitation</p> <p><input type="checkbox"/> WIA</p> <p><input type="checkbox"/> Other: _____</p>	<p>Of these other sources of income, indicate any you receive:</p> <p><input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> NFTA</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> TAA</p> <p><input type="checkbox"/> VA Benefits</p> <p><input type="checkbox"/> WIA</p> <p><input type="checkbox"/> WorkFirst</p>
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Employment Status

Employed Full-time (at least 40 hours per week)  Employed Part-time (fewer than 40 hours per week)  Not Employed at this time

## Family Educational History

Please indicate the highest educational level completed by your parents.

	Mother	Father
Not a high school graduate	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate/GED/AHS	<input type="checkbox"/>	<input type="checkbox"/>
Some college or Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree or Higher	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

## Personal and Miscellaneous Information

Do you have any impairment, disability, or other condition which may require services or accommodations that could better your academic success? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>yes</b> , has documentation related to the disability or impairment been submitted to the Disabilities Services Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you experience any difficulty speaking, writing, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you think you may have a disability, impairment, or condition that requires special services or an accommodation that has not been diagnosed, please describe it and share your concerns with us:  	
How did you hear about our SSS program? <input type="checkbox"/> Instructor <input type="checkbox"/> Flyer <input type="checkbox"/> Class Visit <input type="checkbox"/> Friend <input type="checkbox"/> Orientation <input type="checkbox"/> Other: _____	Check any other Federal Education Programs that you have participated in. <input type="checkbox"/> EOC <input type="checkbox"/> Gear Up <input type="checkbox"/> SSS <input type="checkbox"/> Talent Search <input type="checkbox"/> Upward Bound <input type="checkbox"/> Other: _____ What year and through which school/college?

## Service Request Information

Check the services you may need or want.

<input type="checkbox"/> Academic Counseling	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Transfer Counseling	<input type="checkbox"/> Career Counseling
<input type="checkbox"/> Financial Literacy (Obtaining aid; managing money)	<input type="checkbox"/> Employability Skills (Resume writing, interview skills, etc.)		
<input type="checkbox"/> Personal Counseling	<input type="checkbox"/> Study Skills Development	<input type="checkbox"/> College Tour	<input type="checkbox"/> Cultural Trips

Please tell us why you wish to participate in the TRiO-SSS program, and how you think we can help you be successful at ACC.

## Student Responsibility

I understand the information I've shared will help ensure that TRiO-Student Support Services is complying with federal regulations governing funding for this program. I certify that all the information is correct. Further, I give Student Support Services permission to receive copies of my records from the Financial Aid Office and Student Services. I also give this office permission to obtain information regarding my academic progress from faculty.

Student Signature	Date
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## OFFICE USE ONLY

ELIGIBILITY CODE		ACADEMIC NEEDS	
Low-Income & First-Generation		Low HS Grades	
Low Income Only		Low Test Scores	
First Generation Only		Predictive Indicator	
Disabled		Academic Proficiency Test	
Disabled & Low Income		Low College Grades	
		High School Equivalency	
		Out of School > 5 Years	
		Limited English Proficiency	
		Lack of Education/Career Goals	
		Lack of Academic Preparedness	
		Support to Raise Grades	
		Lack of Study Skills	
		Returning Student	
		Single Parent	
		Student Motivations	
		Time Management Issues	
		Difficult Major/Career Choice	
		High Financial Need	
		Failing Grades	
		Employment Need	
		Other Service Needs	

Staff Assigned	Date	Acceptance Letter	Date
TRIO-SSS Director Signature		Date	
Notes			