



TRIO Student Support Services Participant Program Application

STUDENT SUPPORT SERVICES

Student Support Services is a federally-funded U.S. Department of Education TRIO Program. The primary objective of TRIO SSS is to assist students in academic completion and transfer. Students participating in the TRIO SSS Program must meet certain requirements set forth by the U.S. Department of Education. To determine your eligibility, please complete the following form. The information you provide is strictly **CONFIDENTIAL**.

Personal Information

Indicate Applicable Semester for Application Consideration: Spring 20____

Name: _____ Student ID #: C00_____

Last: First: Middle Initial:

Maiden Name: _____ Preferred Name or Nickname: _____

Phone Number: _____ Phone Number: _____

Email Address: _____

Mailing Address: _____

Street/PO City: State: ZIP Code:

Physical Address: _____

Street/PO Box: City: State: ZIP Code:

Demographic

Gender: Male Female Date Of Birth: _____ SSN#: _____
MM/DD/YYYY

Are You a U.S. Citizen or Eligible Non-Resident? Yes No Alien Registration #: _____

Please check appropriate ethnicity: Hispanic Non-Hispanic

Please check appropriate race: American Indian/Alaskan Native Asian White

Black/African American Native Hawaiian/Pacific Islander Other: _____

Are you disabled? Yes No
(If yes, please fill out Disability Verification Form and return it to the TRIO SSS Office, Rm. 142)

Are you registered with CCC's Special Student Services? Yes No

Has your mother received a bachelor's degree? Yes No

Has your father received a bachelor's degree? Yes No

Financial Information

Do you have current FASFA on file? Yes No

Have you received any of the following? Pell Grant Student Loans Scholarships
 VA Other

<p>Do you receive funding from any of the following sources?</p>	<input type="checkbox"/> AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> DVR <input type="checkbox"/> JTPA <input type="checkbox"/> Commission for the Blind <input type="checkbox"/> Other: _____
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2017 Income Verification Information

I am:

An independent student A dependent student
(Dependency status is determined by FAFSA)

What is the size of your family unit? _____

Please check all that apply:

I am submitting a signed copy of the first two pages of my/my spouse's 2017 1040 tax return form (INDEPENDENT/DEPENDENT STUDENTS).

I am submitting a signed copy of the first two pages of my parent(s) 2017 1040 tax return form (DEPENDENT STUDENTS).

I/my spouse/my parent did not file, have not yet filed, or am not required to file 2017 income taxes. Therefore, I am submitting a 2017-2018 TRIO SSS Alternative Statement of Taxable Income form.

By signing below, I certify that the above information is true and correct to the best of my ability. (This signature is ONLY for Income Statement.)

Student Signature: _____

Parent/Guardian/Spouse Signature: _____

Date: _____

Educational Information

Graduated: _____ **GED:** _____
High School City ZIP Code

Have you been out of the academic setting for 5 or more years? Yes No

Non-traditional students:

- Are enrolled in courses part-time
- Are employed full-time while enrolled
- Are classified as financially independent for financial aid purposes
- Are financially supporting dependents other than their spouse
- Are single parents

Are you classified as a non-traditional student? Yes No

Do any of the following scenarios describe you?

- I need assistance with English as a Second Language.
- I am homeless.
- I have been previously incarcerated.
- I am an active duty member of the military or a veteran.

<p>Do you intend to graduate from Clovis Community College with an Associate's Degree or Certificate?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p>Do you intend to transfer to a 4-year University?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p>If yes, do you intend to transfer before or after graduation from Clovis Community College? _____</p> <p>College Classification:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Freshman (0-29 earned credit hours) <input type="checkbox"/> Sophomore (30+ earned credit hours) <input type="checkbox"/> Transfer Freshman <input type="checkbox"/> Transfer Sophomore <input type="checkbox"/> Unknown 	<p>Have you previously attended another college?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many hours were earned? _____</p> <p>Have you previously attended CCC?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many hours were earned? _____</p> <p>If yes, what is your current GPA? _____</p> <p>Are you currently seeking a degree?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Degree: _____</p>
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Student Support Services

<p>Have you previously participated in a TRIO Program?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please specify:</p> <p><input type="checkbox"/> Upward Bound</p> <p><input type="checkbox"/> Educational Opportunity Center</p> <p><input type="checkbox"/> Educational Talent Search</p> <p><input type="checkbox"/> Other: _____</p>
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How many cultural events have you attended in the past year? 0-2 3-5 6-10+

Please specify the areas in which help is needed:

- | | |
|--|--|
| <input type="checkbox"/> Math
<input type="checkbox"/> Writing
<input type="checkbox"/> Reading
<input type="checkbox"/> Computer/Research Skills
<input type="checkbox"/> Test-Taking
<input type="checkbox"/> Note-Taking
<input type="checkbox"/> Tutoring
<input type="checkbox"/> Choosing a Major/Career
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Motivation
<input type="checkbox"/> Self-Esteem
<input type="checkbox"/> Goal Setting
<input type="checkbox"/> Time Management
<input type="checkbox"/> Getting Organized
<input type="checkbox"/> Budget/Finances
<input type="checkbox"/> Financial Aid |
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In our efforts to assist you, is there any additional information you would like to make us aware of? _____

Statement of Release

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby authorize the release of my records in reference to academic transcripts, degree plans, personal assessment test scores, and any other pertinent information related to my educational endeavors to the Clovis Community College TRIO Student Support Services Program and Staff.

The Department of Education requires the submission of TRIO SSS Participant demographic, participation, and academic data. By signing below, I acknowledge and authorize the release of my educational and TRIO SSS programmatic information to third party agencies, including but not limited to the U.S. Department of Education, TRIO SSS database entities, and National Student Clearinghouse.

Student Signature:

Date: