



# 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: Fall or 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 FAFSA on file?  Yes  No

Are you receiving any of the following?  Pell Grant  Student Loans  Scholarships  
 VA  Other

<b>Do you receive funding from any of the following sources?</b>	<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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- If you have a FAFSA on file, please continue to the Educational Information section.
- If you do not have a FAFSA on file, please submit an Alternative Statement of Taxable Income form with your program application.

## 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><b>Do you intend to graduate from Clovis Community College with an Associate's Degree or Certificate?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p><b>Do you intend to transfer to a 4-year University?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p><b>If yes, do you intend to transfer before or after graduation from Clovis Community College?</b> _____</p> <p><b>College Classification:</b></p> <p><input type="checkbox"/> Freshman (0-29 earned credit hours)</p> <p><input type="checkbox"/> Sophomore (30+ earned credit hours)</p> <p><input type="checkbox"/> Transfer Freshman</p> <p><input type="checkbox"/> Transfer Sophomore</p> <p><input type="checkbox"/> Unknown</p>	<p><b>Have you previously attended another college?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, how many hours were earned?</b> _____</p> <p><b>Have you previously attended CCC?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, how many hours were earned?</b> _____</p> <p><b>If yes, what is your current GPA?</b> _____</p> <p><b>Are you currently seeking a degree?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>Degree:</b> _____</p>
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Student Support Services	
<p><b>Have you previously participated in a TRIO Program?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If yes, please specify:</b></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>

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"/> Motivation        |
| <input type="checkbox"/> Writing                  | <input type="checkbox"/> Self-Esteem       |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Goal Setting      |
| <input type="checkbox"/> Computer/Research Skills | <input type="checkbox"/> Time Management   |
| <input type="checkbox"/> Test-Taking              | <input type="checkbox"/> Getting Organized |
| <input type="checkbox"/> Note-Taking              | <input type="checkbox"/> Budget/Finances   |
| <input type="checkbox"/> Tutoring                 | <input type="checkbox"/> Financial Aid     |
| <input type="checkbox"/> Choosing a Major/Career  |                                            |

Other: \_\_\_\_\_

**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:**