



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: Phone Number:		Preferred Name or Nickname:		
		Phone Number:		
Email Address:				
Mailing Address: _				
	Street/PO	City:	State:	ZIP Code:
Physical Address: _				
	Street/PO Box:	City:	State:	ZIP Code:

Demographic

Gender: D Male D Female Date Of Birth:	SSN#:			
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 Ser	vices? 🗖 Yes 🗆 No			
Has your mother received a bachelor's degree?	Yes 🗆 No			
Has your father received a bachelor's degree?	Yes 🗆 No			

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Financial Information

Do you have current FASFA on file? Ves INO				
Have you received any of the following?	□ Pell Grant □ Student Loans □ Scholarships			
□ VA □ Other				
Do you receive funding from any of the	□ AFDC □ Food Stamps □ Social Security			
following sources?	□ SSI □ DVR □ JTPA			
	Commission for the Blind			
	□ Other:			

2016 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 <u>a signed copy of the first two pages</u> of my/my spouse's 2016 1040 tax return form (INDEPENDENT/DEPENDENT STUDENTS).

□ I am submitting <u>a signed copy of the first two pages</u> of my parent(s) 1040 tax return form (DEPENDENT STUDENTS).

□ I/my spouse/my parent did not file 2016 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: _____

Graduated:				
 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. 				
 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. 				
 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 need assistance with English as a Second Language.				
 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. 				
Do you intend to graduate from Clovis Have you previously attended another college?				
Community College with an Associate'sDegree or Certificate?Use				
□ Yes □ No □ Undecided If yes, how many hours were earned?				
Do you intend to transfer to a 4-year Have you previously attended CCC?				
University?				
□ Yes □ No □ Undecided If yes, how many hours were earned?				
If yes, do you intend to transfer before or after graduation from Clovis Community If yes, what is your current GPA?				
College? Are you currently seeking a degree?				
College Classification: \Box Yes \Box No \Box Unknown				
□ Freshman (0-29 earned credit hours) Degree:				
□ Sophomore (30+ earned credit hours)				
□ Transfer Freshman				
□ Transfer Sophomore				
□ Unknown				

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Student Support Services				
Have you previously participated in a TRIO Program? □ Yes □ No	If yes, please specify: Upward Bound Educational Opportunity Center Educational Talent Search Other:			
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:				
 Math Writing Reading Computer/Research Skills Test-Taking Note-Taking Tutoring Choosing a Major/Career Other: 	 Motivation Self-Esteem Goal Setting Time Management Getting Organized Budget/Finances Financial Aid 			
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:

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