



## 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><b>Do you receive funding from any of the following sources?</b></p>   	<p><input type="checkbox"/> AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> SSI <input type="checkbox"/> DVR <input type="checkbox"/> JTPA</p> <p><input type="checkbox"/> Commission for the Blind</p> <p><input type="checkbox"/> Other: _____</p>
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## 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 a signed copy of the first two pages of my/my spouse's 2016 1040 tax return form (INDEPENDENT/DEPENDENT STUDENTS).

☐ I am submitting a signed copy of the first two pages 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:** \_\_\_\_\_



<b>Student Support Services</b>
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<b>Have you previously participated in a TRIO Program?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please specify:</b>  <input type="checkbox"/> Upward Bound <input type="checkbox"/> Educational Opportunity Center <input type="checkbox"/> Educational Talent Search <input type="checkbox"/> Other: _____
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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<br><input type="checkbox"/> Writing<br><input type="checkbox"/> Reading<br><input type="checkbox"/> Computer/Research Skills<br><input type="checkbox"/> Test-Taking<br><input type="checkbox"/> Note-Taking<br><input type="checkbox"/> Tutoring<br><input type="checkbox"/> Choosing a Major/Career<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Motivation<br><input type="checkbox"/> Self-Esteem<br><input type="checkbox"/> Goal Setting<br><input type="checkbox"/> Time Management<br><input type="checkbox"/> Getting Organized<br><input type="checkbox"/> Budget/Finances<br><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:** \_\_\_\_\_