



# Student Application

The TRiO Student Support Services (SSS) Program is a federally funded program committed to the success of students who are first generation, low-income, or experiencing disabilities. Please return this application to see if you are eligible for the TRiO/SSS Program.

NAME: \_\_\_\_\_  
First Middle Last

ID: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: Male / Female

LOCAL ADDRESS: \_\_\_\_\_  
Street/Apt City State Zip

PERMANENT ADDRESS: \_\_\_\_\_  
Street/Apt City State Zip

PRIMARY PHONE: \_\_\_\_\_ Is this a cell phone? Yes / No Can we text this phone? Yes / No

ALTERNATE PHONE: \_\_\_\_\_ Is this a cell phone? Yes / No Can we text this phone? Yes / No

EMAIL ADDRESS: \_\_\_\_\_

WHAT IS THE BEST WAY TO REACH YOU?  Phone  Text  Email  Facebook  Twitter  
 SnapChat  You Tube  Linked In  Other: \_\_\_\_\_

U.S. CITIZEN: Yes / No If no, are you an **ELIGIBLE NONCITIZEN?** Yes / No

ETHNICITY: Hispanic or Latino origin? Yes / No

RACE:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Is English your first language? Yes / No If no, what is your first language? \_\_\_\_\_

### ACADEMIC INFORMATION:

Are you a high school graduate? Yes / No If no, did you receive a GED? Yes / No

Are you on a waitlist for a SCC Program? Yes / No If yes, what is your start date? \_\_\_\_\_

Program of Study: \_\_\_\_\_ Program Advisor: \_\_\_\_\_

Have you been enrolled in any school, high school or college, in the past five (5) years? Yes / No

Is this your first college experience? Yes / No If no, list the college(s) you've attended and when: \_\_\_\_\_

Have you earned a college degree? Yes / No If yes, Type of degree: \_\_\_\_\_

**WHAT ARE YOUR EDUCATIONAL PLANS?** TRiO Student Support Services is a federally funded program designed to increase graduation rates of its participants.

Graduate with a degree or diploma from SCC

Graduate with a degree or diploma from SCC, **AND TRANSFER** to a 4-year college or university

**FINANCIAL INFORMATION:**

Have you completed a FAFSA? Yes / No If yes, check all that you are eligible for:

\_\_\_ PELL Grant \_\_\_ Scholarship(s): \_\_\_\_\_

Student loans: \_\_\_ Subsidized \_\_\_ Unsubsidized \_\_\_ Parent PLUS

**ADDITIONAL INFORMATION:**

Are you currently or have you previously been in foster care or a state ward? Yes / No

Did you "age out" of the foster care system? Yes / No

Are you currently or have you previously been homeless? Yes / No

Are you experiencing a disability? Yes / No / No Response If yes, do you want information about the Student Support and Accommodation Resource Office at SCC? Yes / No

**Highest education level: PARENT 1/GUARDIAN**

\_\_\_ Less than HS diploma \_\_\_ HS diploma/GED  
\_\_\_ Some college \_\_\_ Associate's degree  
\_\_\_ Bachelor' degree \_\_\_ Master's degree

**Highest education level: PARENT 2/GUARDIAN**

\_\_\_ Less than HS diploma \_\_\_ HS diploma/GED  
\_\_\_ Some college \_\_\_ Associate's Degree  
\_\_\_ Bachelor' degree \_\_\_ Master's degree

**PROGRAM SERVICES:**

How can the TRIO/SSS Program best support your educational goals? (Please check all that you are interested in)

\_\_\_ Academic Support/Advising \_\_\_ Financial Aid Advising \_\_\_ Personal Support/Advising  
\_\_\_ Textbook and/or Laptop Lending \_\_\_ Transfer Advising \_\_\_ Job Shadowing  
\_\_\_ Stress/Time Management \_\_\_ Cultural/Social Activities \_\_\_ TRIO Tuition Waiver

**EDUCATIONAL AND CAREER GOALS:**

In a few lines, write about your educational and career goals and how the TRIO/SSS Program can help you to meet these goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW DID YOU HEAR ABOUT TRiO?** (Check all that apply) \_\_\_ TRiO Student \_\_\_ New Student Orientation

\_\_\_ SCC Staff \_\_\_ The Source \_\_\_ The SCC Challenge \_\_\_ SCC Website \_\_\_ Other: \_\_\_\_\_

**By signing below, I certify that all of the information I have provided is true and accurate to the best of my knowledge. I give permission for TRiO SSS staff to gather information from my student record to determine my eligibility.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----**FOR OFFICE USE**-----

**TRiO/SSS Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sarah E. Aguirre

**Approved: Yes / No Eligibility: FG LI FG & LI D D & LI**

An Initial Interview was conducted with the student by \_\_\_\_\_, and the student was  
(Print Name)  
accepted / not accepted into the TRiO/SSS Program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_