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 Extension 2655

# Student Support Services Program Application



The following information is requested to determine your eligibility for program services. Please answer each question to the best of your ability. This information is confidential and used only as outlined in the agreement included on the second page of this form.

## STUDENT INFORMATION

Name: \_\_\_\_\_  
 Last First MI

Student ID Number: \_\_\_\_\_ \*SS Number: \_\_\_\_\_

\*Your social security number is confidential and, under the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

Address: \_\_\_\_\_  
 Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell or Message Phone: \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_ GRCC E-mail: \_\_\_\_\_  
 Student Support Services participants will be automatically added to the GRCC TRIO SSS distribution list.

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Ethnicity:  American Indian  Hispanic or Latino  Native Hawaiian or other Pacific Islander  
 Asian  White  No Response  
 Black or African American  More than one race

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

Have you participated in other TRIO Programs?  Yes  No

If yes, please indicate which programs?  Talent Search  Upward Bound  EOC  SSS

If yes, at what school? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Have you graduated from high school?  Yes  No High School: \_\_\_\_\_ Grad or GED Year: \_\_\_\_\_

Have you attended any other colleges?  Yes  No Previous college: \_\_\_\_\_ Total Credits \_\_\_\_\_

Have you earned a degree?  Yes  No Name of degree: \_\_\_\_\_

## EDUCATIONAL GOALS

What are your educational goals? \_\_\_\_\_

What degree are you seeking at GRCC?  AA -DTA  AAA/AAS \_\_\_\_\_  Other \_\_\_\_\_  
 Prof/tech area of study Degree/area of study

What is your long-term educational goal?  AA -DTA  AAA/AAS  Certificate  Bachelor's  Master's  Doctorate

Do you intend to transfer to a four-year college or university?  Yes  No If yes, where? \_\_\_\_\_

## STAFF USE ONLY

Accepted:  Yes  No  Pending Orientation/Entry Date \_\_\_\_\_ IAP Date: \_\_\_\_\_

Eligibility Verified:  First Generation **Academic Need:**  Diagnostic Tests  Failing Grades  
 Low-Income  College GPA  Out of Academic Pipeline 5+ years  
 Disability  HS Equivalency  Other \_\_\_\_\_

Placement: English: \_\_\_\_\_ Reading: \_\_\_\_\_ Math: \_\_\_\_\_

TRiO Advisor: \_\_\_\_\_

## NEEDS ASSESSMENT

How can the TRiO Student Support Services Program best support your educational goals? Please check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic Advising       | <input type="checkbox"/> Cultural Activities     | <input type="checkbox"/> Tutoring/Mentoring |
| <input type="checkbox"/> Academic Skill Building | <input type="checkbox"/> Financial Advising      | <input type="checkbox"/> Transfer Advising  |
| <input type="checkbox"/> Career Planning         | <input type="checkbox"/> Personal Skill Building | <input type="checkbox"/> Other _____        |

## ELIGIBILITY CRITERIA

U.S. Citizen?  Yes  No If no, are you an immigrant/permanent resident?  Yes  No

When did you begin your course of study at Green River Community College? Quarter? \_\_\_\_\_ Year? \_\_\_\_\_

### First Generation Eligibility:

Did your mother/guardian complete a bachelor's degree?  Yes  No

Did your father/guardian complete a bachelor's degree?  Yes  No

### Income Eligibility:

Family taxable income for last year: \$ \_\_\_\_\_ (recorded on IRS 1040 form) Family size reported: \_\_\_\_\_

Have you applied for financial aid?  Yes  No If yes, are you:  Dependent or  Independent

### Disability Eligibility:

Do you have any disability that will impact your ability to be successful?  Yes  No

Disability Description: \_\_\_\_\_  
\_\_\_\_\_

Have you met with GRCC's Disability Support Services Office?  Yes  No

## AFFIDAVIT, RELEASE OF INFORMATION, AND CONFIDENTIALITY STATEMENT

I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide additional documentation upon request to verify the information reported.

I authorize TRiO Student Support Services (SSS) to gather information concerning my academic progress and financial aid status both prior to my participation in SSS and after becoming a program participant. I understand that this information is used to assist in the determination of my eligibility for the program and enhance the effectiveness of the program and services provided to me. I also give my permission for TRiO personnel to share information with appropriate educators and college representatives as necessary to support my educational program and academic success. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations.

The TRiO Student Support Services staff works to provide confidentiality for students participating in the program, In addition to the limits of confidentiality outlined above, the following waivers apply:

- When a student discloses that s/he knows of a child or elderly abuse
- When a student discloses that s/he is a threat to self or others
- When our records are legally subpoenaed

If any of the above applies, I understand TRiO SSS is legally required to report information to the appropriate authorities.

My signature denotes my understanding of the TRiO Student Support Services disclaimers outlined above.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



TRiO Student Support Services  
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FAX: 253-288-3466