



Student Support Services Program Application



This program is funded by a US Department of Education grant that requires collecting some information about the students for whom we provide assistance. The services are free, but we need your cooperation in providing us with the following information. This information is confidential and used only as an outline in the agreement included on the second page of this form. Thank you.

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 Phone & Cell Carrier: _____

GRC E-mail: _____ Secondary E-mail: _____

What is the best way to reach you? Cell Phone Text Home Phone Facebook Email

*TRiO Student Support Services participants will be automatically added to the GRC TRiO SSS distribution list. TRiO will use your GRC email for official communications, please make sure to check it regularly.

Gender: _____ Date of Birth: _____

How did you hear about TRiO? _____

Have you participated in other TRiO Programs? Yes No If yes, what program? _____

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: _____

DEMOGRAPHICS

Are you of Hispanic, Latino, or Spanish Origin? Yes No

What is your race? (you may check more than one) American Indian or Alaskan Native Native Hawaiian or other Pacific Islander Asian Black or African American White

Is English your primary language? Yes No If no, what languages do you speak? _____

Are you a veteran of the United States Armed Forces? Yes No

Are you, or have you ever been, in Foster Care? Yes No

Are you currently homeless? Yes No

*Under the McKinney-Vento act, homeless is defined as "an individual who lacks a fixed, regular, and adequate nighttime residence, such as s living in shared housing (friends/family) due to a loss of housing, economic hardship or similar reason, residing in emergency and transitional shelters, children/youth residing in foster care placement, sleeping in nighttime residence not ordinarily used as regular sleeping accommodations (e.g. parks, cars, RV, tents).

Marital Status? Single Married Family Household size: _____

ELIGIBILITY CRITERIA

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

When did you start at Green River College? Quarter _____ Year _____

What is your program of study? _____

What degree are you seeking at GRC? AA-DTA AS-Transfer Other _____

Are you planning on transferring to a four-year institution? Yes No

If yes, will you transfer before or after you complete your degree at GRC? Before After

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

Are you funded by: Worker Retraining WorkFirst TANF Financial Aid
 Running Start Scholarship Self-funded VA Benefits

Disability Eligibility:

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

Have you met with GRC'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 give TRiO-SSS staff permission to look at my college records (i.e. transcripts, financial aid applications & awards, COMPASS scores, College Student Inventory). I understand staff may consult with other GRC staff and faculty on a quarterly basis and that all of this information will be treated with confidentiality. 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 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 SSS staff will work to provide privacy 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 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 that TRiO SSS is legally required to report information to the appropriate authorities. My signature denotes my understanding of the TRiO SSS disclaimers outlined above.

Student Signature: _____ Date: _____

TRiO-SSS INITIAL ACADEMIC & SOCIAL ASSESSMENT:

Please answer the following questions. Your information will be kept private and will help us determine your needs and fit for the TRiO program. Do not answer how you "think" you should or how you wish you were, just as how you currently feel.

	Extremely Confident	Confident	Somewhat Confident	Not at All Confident
1. How confident are you in your ability to do well in your Math classes at this institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How confident are you in your ability to do well in your English classes at this institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How confident are you that you will complete your entire program of studies and achieve your goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How confident are you in your cultural identity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How confident are you in your study skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How confident are you in being able to work through times of frustration and high stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How confident are you in your ability to find campus resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How confident are you in your ability to advocate for yourself in college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How confident are you that can balance school and other commitments (work, family, friends, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How are you hoping TRiO-SSS will help you with to be successful in college? Why do you want to join TRiO?				

FOR TRiO STAFF ONLY

Student Approved for Assessment: No Yes **Scheduled With:** Kirsten Chelsie Other Staff
 (If Application Not Approved) Student referred to other resources: _____
Assessment Date: _____ **Orientation Date:** _____
Eligibility Verified: First Gen Low-Income Disability U.S. Residency/Citizenship Seeking Trans Degree
Academic Need: Low HS Grades Low Admissions Test Scores Predictive Indicator
 Acad Prof Tests Low College Grades H.S. Equivalency
 Failing Grades Out of the Pipeline 5+ years Limited English Proficiency
 Need for Academic Support to Raise Grades Other: _____
 Lack of Educational Career Goals Lack of Academic Preparedness for College Level

Review Note: _____

