



# 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: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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 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: \_\_\_\_\_

The U.S. Department of Education funds two TRiO Student Support Services grants in the amounts of \$348,002 (SSS) and \$261,888 (SSS-STEM) per year.

To receive this information in an alternative format, please contact: Disability Support Services: 253-931-6460 TDD 253-288-3359

## 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:

(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:** \_\_\_\_\_

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