



Student Application

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

NAME: _____
First Middle Last

PREFERRED NAME: _____ **ID:** _____ **DOB:** _____

GENDER: Male / Female / Nonbinary or Another gender / No Response **PRONOUNS:** _____

LOCAL ADDRESS: _____
Street/Apt City State Zip

PERMANENT ADDRESS: _____
Street/Apt City State Zip

PRIMARY PHONE: _____ Cell phone? Yes / No Can we text this phone? Yes / No

EMAIL ADDRESS: _____

WHAT IS THE BEST WAY TO REACH YOU? ___ Phone ___ Text ___ Email Other: _____

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

ETHNICITY: Hispanic or Latino origin? Yes / No

RACE (Check as many as apply):

___ 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:

Have you ever been in a TRiO SSS, Talent Search, UpwardBound, or EOC program? Yes / No

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

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

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 Accommodations Resource Office at SCC? Yes / No

DOES PARENT 1/GUARDIAN HAVE A BACHELOR'S DEGREE OR HIGHER? Yes / No

DOES PARENT 2/GUARDIAN HAVE A BACHELOR'S DEGREE OR HIGHER? Yes / No / I was raised by 1 parent

PROGRAM SERVICES:

In a few lines, tell us why you are applying for the TRIO/SSS Program.

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?

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**-----

Signature: _____ **Date:** _____

Sarah E. Aguirre, TRiO/SSS Program Director

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

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

Signature: _____ **Date:** _____