TRiO

Social Security No
_____ - _____ - _____

STUDENT SUPPORT SERVICES APPLICATION

Student ID No._____

NAME_____
First Middle Last

ADDRESS_____ _____ _____ _____
Street City State Zip Code

Home Telephone ( ) _____ Cell Telephone ( )_____

Employer_____ Work Telephone ( )_____

E-Mail (Home)_____ Student E-Mail (if known)_____

Responding to the questions below is necessary for use in statistical reporting only and will not be a factor in admission to Student Support Services. All information is kept confidential.

Birth Date _____
Month Day Year

Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Single Parent ☐

Ethnic
___ American Indian or Alaska Native
___ Asian
___ Black or African-American
___ Hispanic or Latino
___ White or Caucasian
___ Native Hawaiian or other Pacific Islander
___ More than one race

U.S. Citizen: Yes ☐ No ☐

Are you a veteran? Yes ☐ No ☐

Has either parent graduated from a 4-year College?
Yes ☐ No ☐

Do you have a documented physical or learning disability?
Yes ☐ No ☐

Have you applied for financial aid?
Yes ☐ No ☐

Will you be receiving financial aid?
Yes ☐ No ☐

Amount awarded (if known):_____

Type of Aid
___ Pell Grant
___ Scholarship
___ Student Loan
___ Work Study
___ Vocational Rehabilitation

High School_____Graduation Year_____ GED Yes ☐ No ☐ GED Date_____

Have you taken the ACT? Yes ☐ No ☐ COMPASS? Yes ☐ No ☐ ASSET? Yes ☐ No ☐

Were you a TRIO: ETS participant? Yes ☐ No ☐ OSAD participant? Yes ☐ No ☐ UB participant? Yes ☐ No ☐

First Enrolled at MCC: Semester_____ Year_____ MCC College hours earned_____ MCC GPA _____

MCC major_____ MCC advisor_____

College(s) attended prior to MCC:_____ Hours Earned_____ GPA_____
_____ Hours Earned_____ GPA_____

Are you planning to transfer to a four-year university? Yes ☐ No ☐

If Yes, please list your choice of university._____

OFFICE USE ONLY: Eligibility Criteria LI/FG LI FG D D/LI

_____ _____
Academic Need Director's Approval Date

Continue to complete back of form

CONFIDENTIAL FAMILY INCOME INFORMATION

The United States Office of Education requires that we obtain family income information from all participants served by Student support Services. ALL INFORMATION IS HELD IN STRICT CONFIDENCE, AND WE WILL ADHERE TO THE REGULATIONS PROVIDED IN THE Family Rights and Privacy Act of 1974.

PLEASE PROVIDE A COPY OF 1040, 1040A, or 1049EZ. (We will be glad to make a copy of your forms for you.)

Do your parents claim you on their income tax as a dependent? Yes □ No □

If you did not file income tax, did you receive: Wages, salaries, or tips: Yes □ No □

Number of persons residing in your home (including yourself) _____

Do you receive any of the following:

____ Disability ____ Unemployment
____ AFDC ____ Veteran's Benefits
____ Social Security ____ Other

Were you born before July 1, 1982? Yes □ No □

Place a check beside the range of taxable family income for last calendar year:

___ Less than $14,355
___ $14,356—$19,245
___ $19,246—$24,135
___ $24,136—$29,025
___ $29,026—$33,915
___ $33,915—$38,805
___ $38,806—$43,695
___ $42,696—$48,585
___ More than $48,586

Name and phone number of individual who will know where you can be reached if you change residence in the next five years.

_____ _____
Name Phone Number

I declare that the information given is true and correct to the best of my knowledge and give consent to release any information associated with academic, financial aid, or counseling services. I understand that this information is confidential and withholding information on this application or giving false information will make my application ineligible for admission to the TRIO SSS program.

I also give my consent to have my photo released for use in publications or program activities.

_____ _____
Signature of Applicant **Date** **Signature of Parent/Guardian (if under 18 years)**

Please return to:

TRIO Student Support Services
Learning Resource Center Room 116
Madisonville Community College
Madisonville, KY 42431