

**SPOON RIVER COLLEGE
TRIO-STUDENT SUPPORT SERVICES (SSS) APPLICATION**

PERSONAL INFORMATION-please print neatly

Name: _____ SRC Student ID: _____
Last First Middle Initial

Date of Birth: ____/____/____ Primary Phone Number: _____
MM DD YYYY

Local Address: _____
Street City State Zip

Permanent Address: _____
 (if different from local) Street City State Zip

SRC email address: _____ @my.src.edu/Other email address: _____
(Please Print Neatly) (Please Print Neatly)

Gender: Male Female Ethnicity (please check all that apply):

<input type="checkbox"/> African-American/Black/African
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian American/Asian
<input type="checkbox"/> Hispanic/Latino/Latina
<input type="checkbox"/> Other (Please Specify)

ELIGIBILITY

Are you a U.S. citizen or permanent resident? Yes No

What is the highest level of education achieved by your parent or guardian? If your parents are/were divorced and you resided with them until you were 18, reply only in regards to the parent who had primary custody:

	High School Diploma/GED	2 Year College Degree	4 Year College Degree/Beyond	Other (please specify)
Father/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Mother/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Do you have a documented disability? Yes No

If yes, you must have documentation on file with Andrea White, Disability Services Office for TRIO eligibility.

Dependency Status:

Are you OVER the age of 24?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any children of your own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever actively served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you answered "no" to all four questions, you may be considered **dependent status**. If you answered "yes" to at least 1 question, you are likely considered **independent status**.

Check the range that includes your household taxable income for last year (2016). Taxable income is reported on the following lines of your tax form: 1040 (Line 43); 1040A (Line 27); 1040EZ (Line 6):

<input type="checkbox"/> \$0-\$18,210	<input type="checkbox"/> \$31,171-\$37,650	<input type="checkbox"/> \$50,611-\$57,090	<input type="checkbox"/> I/my family did not have taxable income last year
<input type="checkbox"/> \$18,211-\$24,690	<input type="checkbox"/> \$37,651-\$44,130	<input type="checkbox"/> \$57,091-\$63,570	
<input type="checkbox"/> \$24,691-\$31,170	<input type="checkbox"/> \$44,131-\$50,610	<input type="checkbox"/> \$63,571 and over	

Add up the total number of people living in your household (as reported on 2016 taxes), including parents/guardians, siblings, children, etc. If you are a dependent student and do not live at home, you must still add yourself to the household number: _____

ADDITIONAL INFORMATION

Do you have a: high school diploma **OR** GED (Date received _____ Institution _____)

Have you earned any degrees or certificates previously? Yes No

If yes, mark all that apply: Certificate Associate's Degree Bachelor's Degree Master's/Doctorate Degree

Have you completed a 2018-19 FAFSA (Free Application for Federal Student Aid)?: Yes No

Type of financial aid you receive:

- Pell Grant MAP Grant Loans Work Study
- Workforce Investment Act (WIA) Military Benefits (please specify): _____
- Other (please specify): _____ Unsure/Don't know

Do you plan to transfer to a 4-year college or university and obtain a degree? Yes No

What is your career plan after graduation? _____

How did you find out about the TRIO-SSS Program? _____

What services are you looking for from TRIO SSS (check all that apply)?

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Academic advising/choosing courses | <input type="checkbox"/> 4 year transfer assistance | <input type="checkbox"/> Science tutoring |
| <input type="checkbox"/> Financial Aid and scholarship help | <input type="checkbox"/> Math tutoring | <input type="checkbox"/> English tutoring |
| <input type="checkbox"/> Personal budgeting/finance | <input type="checkbox"/> 4 year campus visits | <input type="checkbox"/> Career guidance |
| <input type="checkbox"/> Cultural trips | <input type="checkbox"/> Academic/personal enrichment workshops | |
| <input type="checkbox"/> Computer lab/printing | <input type="checkbox"/> Textbook library | <input type="checkbox"/> TRIO Scholarship |

The above information is true and complete, to my knowledge. I understand it is confidential and will be used for intake purposes. Further, I release the following information to TRIO-Student Support Services to verify eligibility, determine appropriate services, and to track academic progress: mid-term and final grades, transcripts/registration information, financial aid information, standardized test scores (ACT/COMPASS/ACCUPLACER, etc.), income information, transfer information, and contact instructors/advisors. Providing my cell phone number enrolls me in the texting program that I can opt out of at any time, TRIO nor SRC are responsible for any texting charges. I understand completion of application does not guarantee acceptance to the SRC TRIO-SSS program. I understand the TRIO Director reserves the right to admit or deny any student's acceptance to the SRC TRIO-SSS program. Students are accepted into the program on a first come, first serve basis and is based on eligibility criteria outlined by the Department of Education that funds the program.

Student signature

Date

For Office Use Only:

Date application received: _____ By: _____

SSS Staff Contact date: _____ Left message Appointment scheduled

2nd attempt: _____ Left message Appointment scheduled

Initial intake appointment date and time: _____

Student was no call/no show Student called to reschedule Other: _____

Rescheduled appointment (if needed): _____

Student was no call/no show Student called to reschedule Other: _____