

Student Support Services

Program Application



TRIO Student Support Services is a federally funded program that provides comprehensive support and individualized academic services to eligible students.

TRIO serves to motivate students to achieve their educational and career goals.

Please fill out the application below as completely & accurately as possible to determine your eligibility to participate.

Applicant Information

First Name: _____ MI: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Current Age: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Carteret CC Email: _____ Alternate Email: _____

Primary Phone: _____ Alternate Phone: _____

Preferred Method of Contact: Email Text Phone Call Mail

Demographic Information

Gender	Citizenship <i>Are you a US citizen or permanent resident?</i>	Ethnicity <i>Are you of Hispanic or Latino descent?</i>	Race <i>(Check all that apply)</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Your status, if not a citizen:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander

Veteran Status: Are you a Veteran or Veteran Dependent? Yes No

Academic Information

1. Are you currently enrolled at Carteret Community College? Yes No
2. What is your primary Program of Study? _____
3. Which credential do you hope to complete? Associates Diploma Certificate
4. Do you plan to transfer? Yes No Undecided If yes, which school: _____
5. What is your cumulative GPA? _____
6. Are you on academic warning, probation, or suspension? Yes No
7. Are you on financial aid warning, probation, or suspension? Yes No
8. Do you currently receive the Pell Grant? Yes No
9. Have you completed an Associates or Bachelor's degree? Yes No

TRiO Eligibility Information

First Generation Verification

1. Did either natural or adoptive parent with whom you resided with earn a bachelor's degree before you turned 18?
 Yes No

Please check the highest level of education completed by your parents/legal guardians.

	Less than High School	High School Graduate/GED Completer	Some College (Did not complete)	Associate's Degree	Bachelor's Degree or Higher	Unknown
Parent One						
Parent Two						

Income Verification

- 1) What is the size of your family unit (including you) as reported on your income taxes? _____

Please attach to your application a copy of your most recent Federal Income Tax Return (Form 1040)

- 2) What was your family's **Taxable Income** (not gross) from the last calendar year reported on your income taxes?
 (You can find this on line 15 on form 1040 of your tax return.) \$_____

If you identify as an independent student (i.e., 24 years of age or older, married, have legal dependents, homeless youth, foster care youth, or serve in the military) bring your most current tax return; however, if you identify as a dependent (i.e., you are claimed by your natural or adoptive parent, bring their most current tax return.) Please make sure that your natural or adoptive parent signs the application if you are applying as a dependent.

Disability Status

1. Do you have any documented disabilities? Yes No
 If yes, do you receive accommodations or services at CCC? Yes No

TRiO Services Requested (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Academic Advising/Counseling
<input type="checkbox"/> Budgeting & Managing Money
<input type="checkbox"/> Campus visits to 4 year colleges
<input type="checkbox"/> Career Exploration/Counseling | <input type="checkbox"/> Financial Aid & FAFSA Assistance
<input type="checkbox"/> Personal Counseling/Coaching
<input type="checkbox"/> Selecting your Major
<input type="checkbox"/> Improve Study Skills & Success | <input type="checkbox"/> Transfer Assistance
<input type="checkbox"/> Test Taking & Anxiety
<input type="checkbox"/> Tutoring
<input type="checkbox"/> Understanding College |
|---|--|---|

Certification & Signature

I attest that the information provided is true and accurate to the best of my knowledge. I give permission to SSS to review, obtain, or make copies of all necessary CCC and prior educational documents (i.e., financial aid records, high school and college transcripts, assessment results, etc.) in order to determine program eligibility and/or enhance the effectiveness of the program and services provided. I give permission for SSS to track my enrollment upon completion of my program through the National Student Clearinghouse.

Student Signature: _____ **Date:** _____
Parent Signature (if applicable): _____ **Date:** _____

Staff Use Only

Intake Date: _____ Status: Accepted Waitlisted Denied Cohort Year _____
 Eligibility: LIFG LI FG D D&LI NE Eligibility 2: LIFG LI FG D D&LI NE
 Academic Need for Support: Number code: _____
 Director's Signature: _____ Date: _____