



APPLICATION & CONTRACT

STUDENT SUPPORT SERVICES

Name (First, Middle, & Last): _____ Student ID #: _____

Address (Number, St, City, Zip): _____

Birth Date: _____ E-mail: _____ Home #: _____

Cell #: _____ Accept Text: Y N First Semester enrolled at SCC (e.g. Fall 2018): _____

Eligibility Criteria : (Please check all that apply to you)

- U.S. Citizen U.S. National Permanent Resident Non-citizen eligible for Federal Financial Aid
(Attach copy of Green Card) (Attach proof, Ex: I-94/T-Visa)

Are you a First Generation student?

- Yes (My parents DO NOT have a Bachelor's Degree) No (At least one of my parents have a Bachelor's Degree)

Demographic Information: The following confidential information is required for our grant purposes.

- American Indian / Alaskan Native Asian Black/African American Latinx / Hispanic
 White/Caucasian Native Hawaiian/Pacific Islander
 Female Male Preferred Gender Pronouns (Ex: They/ Them/ She/ Her/ He/ Him): _____

Education Completed:

- High School Diploma GED Certificate AA/AS Degree

If attended another college or university, which school did you attend? _____

Are you currently participating or have participated in the past in any of the following programs?

- EOPS DSPS CalWorks Honors UBMS CAMP Guardian Scholars Veterans

TRIO Participant Responsibilities :

TRIO has a waitlist of students that would benefit from our program. Thus, students that do not complete the following requirements may be dropped to serve students that will benefit from our program. Please initial next to the following statements acknowledging your commitment to maintain an active status in TRIO. All requirements must be completed each semester to remain in the program.

- _____ Meet with SSS Coach 2 times
_____ Attend tutoring once a week (unless exempt)
_____ Attend 2 workshops
_____ Complete Progress Reports
_____ Complete 1 Financial Literacy Workshop or online module
_____ Complete Academic Probation Requirements (If GPA < 2.5)
_____ Maintain Full Time status (unless enrolled in DSPS)
_____ Submit Ed Plan
_____ Regularly check email and text communication from TRIO

Office Use Only: Eligibility Date Received : Staff Initials: 1) LI & FG 2) D & LI 3) D only 4) FG only 5) LI only

I hereby certify the above-stated is true & complete to the best of my knowledge. I agree to provide proof of information I stated on this form if requested or may risk ineligibility or dismissal from SSS. I agree to fulfill the responsibilities stated above and authorize SSS to monitor my progress.

Signature: _____ Date: _____



FAMILY SIZE & INCOME VERIFICATION

To be completed by the parent/guardian unless student files taxes independently

Family size: _____ (if applicable line 6d on 1040 / 1040A Income Tax Return)

Annual/Taxable income: \$ _____ (if applicable line 37 on 1040 / line 21 on 1040A on income tax return)

Certification:

We certify that the responses on this form are accurate and complete to the best of our knowledge and that any misrepresentation may be cause for denial or cancellation of admission to the TRIO program. We understand that we may be asked to provide additional income documentation if admitted into the Student Support Services TRIO Program.

Verification:

I understand Student Support Services TRIO Program will access student’s financial aid award for verification.

Student Name: _____

Date: _____

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____

*Information collected on this form is strictly used to determine eligibility for our grant purposes