



2007-2008 Application for services from TRIO – Student Support Services

OUR PURPOSE: TO INCREASE THE ACADEMIC SKILLS, RETENTION, GRADUATION, AND TRANSFER RATES OF ELIGIBLE STUDENTS, AND TO FACILITATE A CAMPUS CLIMATE CONDUCIVE TO OUR STUDENTS' SUCCESS.

The SSS program is a federally funded TRIO program and those we serve must meet certain criteria set by the Department of Education. Please fill out this application to see if you qualify for our services. **RETURN TO THE LEARNING CENTER (LRC 129) Thank you.**

NAME: _____

— Last First Middle Initial

Address: _____

— Mailing Address City State Zip

Phone: _____ **Email:** _____ **SSN:** _____ **Date of Birth:** _____

What is the Ethnic group with which you most identify? (please check one)

- American Indian or Alaskan Native White or Caucasian
- Asian Native Hawaiian, other Pacific Islander
- Black or African American Multi-racial (more than one race)
- Hispanic or Latino

Gender: Female Male **Are you a U.S. citizen?** Yes No **Do you have?** High School Diploma GED

Does either of your parents have a 4 year college degree? Yes No

Please circle any of the following financial aids that you receive: Pell SEOG GSL BIA VA Workstudy
Voc. Rehab. Soc. Sec. Welfare Scholarship OTHER _____

Family TAXABLE income in 2006 (adjusted gross income less deductions-line 43 on IRS 1040 form)

- Up to 15,315 15,316-20,535 20,536-25,755 25,756-30,975 30,976-36,195
- 36,196-41,415 41,416-46,635 46,636-51,855 over 51,856

Family size reported on IRS form: _____ **Are you?** Married Single **Are you:** dependent or independent

Do you have a documented disability?

Yes No *If yes, please describe:* _____

If you answered yes to the question above, are you working with our FVCC disabilities specialist?

Yes No

Major course of study at FVCC: AA AS College major: _____

AAS (emphasis) _____ Certificate _____

Do you plan to transfer? Yes No Where? _____ When? _____

Class Standing: Freshman (0-29 credits) Sophomore (30-60 credits) More than 60 credits

I would like more information about the following circled items: Academic Advising Counseling English Review
Math Lab Financial Aid Language Arts Lab Spelling & Vocabulary Development Career Awareness Class
Study Skills Class Disability Services Personalized Math Class Transfer Advising Tutoring
College Reading Strategies Critical Thinking

I grant permission to ARC to secure relevant documentation to help ensure my participation in the ARC program, i.e. financial data, standardized test scores, college and high school transcripts, and I certify the above information to be true to the best of my knowledge.

Student Signature

Date

ARC/TRIO Staff Member

Date