

1800 – TRiO Program Lansing Community College P. O. Box 40010 Lansing, Michigan 48901-7210



Name:				
First	MI	Last		
Address				
Address:	City	State	Zip	
Home Number:		_ Cell Number:_		
Email Address:				
Student Number:	Social Sec	curity Number:_		
Date of Birth:		Male	Female	
• •	aduated from college with a Bachelor Degree? of your parents/guardians graduated from college elor Degree?		Yes	No
with a Bachelor Degree?			Yes	No
Are You a U.S. Citizen or Permaner	nt Resident?		Yes	No
Ethnic Background:				
Native American/Alaskan Native		Hispani	c	
African American		-	an (non-Hispa	nic)
Asian		Cuucusi	un (non mope	
Pacific Islander				
Pacific Islander				
Choose the <u>ONE</u> which most applies to	you:			
Low High School Grades	Sum	mary of Educati	onal Goals:	
Low Assessment Scores	Certifi	cate Associate	Degree	
Low College Grades		er Bachelor De	egree	
High School Equivalency	Other			
Failing Grades				
Limited English Proficiency Lack of educational and/or				
career goals				
Lack of academic preparedness				
for college level coursework				
Out of academic pipeline for				
five (5) or more years				
Need academic support to				
raise grade(s) in required course(s)/academic major				
*Please identify and describe any do	cumented disa	hility you have	and services re	ceived to
i rease ruentity and describe any do	vennenteu ulsa	which you have a		

accommodate you.

Student Signature:	Date:
**Parent Signature:	_ Date:

* Documentation of your disability is required. Disability documentation for any Lansing Community College student is retained in confidential files in the Office of Disability Support Services.

** If you are claimed as a dependent student on your Financial Aid through Lansing Community College's Financial Aid Office, you must have your parent sign the application before submitting it to the TRIO office.

TRIO Office Use Only			

TRIO: Student Support Services Program Is Federally Funded By The U.S. Department of Education