

TRIO Student Support Services - Program Application

TRIO SSS Criteria

Do either of your parents have a Bachelor's degree (4 years)? Yes No

Do you have a documented disability, or receive Accessibility Services? Y Yes No

If yes, please specify disability: _____

Current household size (please include yourself) _____

Do you have any dependent(s)/children? Yes No

Did you (or your parents) file income taxes for the preceding year? Yes No

Please check the amount which best matches your (or your parent's) taxable income for the preceding year.

(Line 43 on the 1040; 27 on the 1040 A; 06 on the 1040 EZ)

\$0 – 17,505
 \$17,506 – 23,595
 \$23,596 – 29,685
 \$29,686 – 35,775
 \$35,776 – 41,865
 \$41,866 – 47,955
 \$47,956 – 54,045
 \$54,045 – 60,135
 Over \$60,135

I verify that this household and income information is accurate to the best of my knowledge.

Student: _____
Print Name Signature Date

Parent/Guardian: _____
 (if using parental income) Print Name Signature Date

CONSENTING AGREEMENT

Please read each individual agreement below and provide your initials if you consent to the agreement. **Please discuss these agreements with TRIO SSS staff before initialing if you have any questions or concerns.**

____ I understand that SSS staff may review my academic information and financial aid status, maintaining a student record of this information. Also, I understand that academic progress reports may be requested from my instructor(s) each semester. I understand that TRIO SSS uses academic information in strictest confidence and only for purposes relevant to student success.

____ I understand that my services with TRIO SSS may be amended or suspended if I violate the CCD Student Code of Conduct when interacting with TRIO SSS staff and students.

____ I understand that TRIO SSS may track and analyze the academic performance of the TRIO cohort for the purpose of program evaluation and research. I understand that such evaluation and research will not identify individual students and is anonymous.

____ I understand that TRIO SSS may photograph, film, or quote TRIO SSS students for the purpose of program outreach. I permit TRIO SSS to use my image and quotes, without reimbursement to me, for publication, electronic media, or other appropriate purpose.

____ I understand that I must meet the eligibility criteria established by TRIO SSS regulations and policies in order to be accepted into the TRIO SSS program.

I have reviewed the above agreements. By initialing an agreement, I permit TRIO SSS to act as specified.

Internal Use Only

TRIO Eligibility: _____ Academic Need: _____ Project Entry Date: _____

- 1-Low Income/First Generation
- 2-Low Income Only
- 3-First Generation Only
- 4-Disabled
- 5-Disabled, Low Income