

## TRiO Student Support Services Application

\_\_\_ SSL \_\_\_ SSL/ESL

### Applicant

Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Student ID \_\_\_\_\_

Email Address \_\_\_\_\_

Current Address \_\_\_ Home \_\_\_ Local \_\_\_ PO Box

Street Address \_\_\_\_\_ Apartment or Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Contact

Home Phone \_\_\_\_\_ Cell/Work/Other Phone \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Emergency Contact Name & Relationship \_\_\_\_\_

### Racial/Ethnic Background

\_\_\_ American Indian or Alaskan Native

\_\_\_ Asian

\_\_\_ Black or African-American

\_\_\_ Hispanic or Latino

\_\_\_ White

\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ More than one race

Do you speak another language at home?

Yes No

Please list \_\_\_\_\_

What country? \_\_\_\_\_

### Resident Status

\_\_\_ U.S. Citizen

\_\_\_ Driver's License

\_\_\_ State ID

\_\_\_ Social Security Card

\_\_\_ Permanent Resident

\_\_\_ Resident Alien Card

\_\_\_ Driver's License

\_\_\_ State ID

\_\_\_ Social Security Card

\_\_\_ Other (explain below):

Gender \_\_\_ Male \_\_\_ Female

## Schooling History and Plans

Did you complete high school? Yes No If yes,

School name \_\_\_\_\_ Date/Year \_\_\_\_\_ Location \_\_\_\_\_

Did you complete the GED test? Yes No If yes,

Date/Year \_\_\_\_\_ Test Center Location \_\_\_\_\_

Did you have a degree? Yes No If yes, AA/AS BA/BS

Do you plan to transfer to a four-year college? Yes No Undecided If yes,

Name of the 4-year college(s) \_\_\_\_\_

What is your intended major? \_\_\_\_\_

1. Did either of your parents graduate from a four-year college or university? Yes No

2. Do you have a disability? Yes No If yes, Physical Learning Other \_\_\_\_\_

3. If you have a disability, is it documented with ADA Coordinator at ECC? Yes No

4. Did you file income tax forms last year? Yes No Signed 1040 W2 If yes,

Taxable Income \_\_\_\_\_ Number of Exemptions \_\_\_\_\_

Current Employment \_\_\_\_\_

5. Were you 23 years old or younger last year?

Yes, Go to question 6

Yes, but I am considered an independent student by Financial Aid, Skip question 6

No, Skip question 6

6. Did your parents claim you as a dependent last year? Yes No Signed 1040 W2 If yes,

Taxable Income \_\_\_\_\_ Number of Exemptions \_\_\_\_\_

Occupation \_\_\_\_\_

7. If you did not file income taxes last year, please indicate your source of support (i.e. A.D.C., Unemployment Compensation, Social Security, SNAP, Ward of the State, Medicaid, etc.):

Source	Documentation

***Please read this statement carefully before signing:***

I certify to the best of my knowledge that all the above information is accurate. Additionally, I authorize the TRiO SSS and SSS/ESL Department to access academic, financial and personal information that would be pertinent to the TRiO SSS and SSS/ESL services I may receive. I realize that falsified information will be sufficient cause for denial of TRiO SSS and SSS/ESL. I also agree to notify the TRiO office immediately in the event of any change in the above information.

Print Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

TRiO SSS or SSS/ESL Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

TRiO Asst. Director or Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Is student eligible for program? Yes No If yes,

Eligibility: Low Income First Generation Disability

Is there a need for services? Yes No

\_\_\_\_\_ High School GPA

\_\_\_\_\_ College GPA

\_\_\_\_\_ ACT/SAT Scores

\_\_\_\_\_ High School Equivalency

\_\_\_\_\_ Failing Grades

\_\_\_\_\_ Needs assistance in certain academic areas

\_\_\_\_\_ Diagnostic Tests

\_\_\_\_\_ Out of academic pipeline for 5 years or more

\_\_\_\_\_ Predictive Indicator

\_\_\_\_\_ Earned a D or F in a class that needs to be repeated

\_\_\_\_\_ Remedial classes

\_\_\_\_\_ Lack of Educational and/or Career goals

\_\_\_\_\_ LEP

\_\_\_\_\_ Other \_\_\_\_\_

Fed'l Low Income Eligibility Yr. \_\_\_\_\_

Fed. Income Level \_\_\_\_\_

Taxable Income \_\_\_\_\_

Number of Exemptions: \_\_\_\_\_