

All services are provided at no cost to qualifying students.

By completing this form, we will be able to accurately determine your eligibility. If an area does not apply to you please write "N/A" in the appropriate space(s). If you do qualify, this information will be accessible to program officials and to others only with your permission.
Please ask a staff member if you need assistance filling out this form, or call us at 650-306-3111.

PLEASE PRINT CLEARLY

Contact Information

Student ID (G#): _____ SS# _____ Date: _____

Name _____
Last Name First Name Middle Initial

Address _____
Number and Street City State Zip

Cañada email address _____@my.smccd.edu

*****Your application is INCOMPLETE without this address. All TRiO-SSS correspondence will go to your my.smccd.edu address.***

Cell phone _____ Home Phone _____ Best time to call _____

How did you learn about this program? _____

Demographic Information

Date of Birth _____ ☐ Male ☐ Female

Ethnicity (Please check all that apply):

☐ Native American ☐ Asian/Asian American ☐ Black/African-American ☐ Latino/Hispanic
☐ European/White ☐ Pacific Islander ☐ Other _____

Educational Information

How many units are you enrolled in this semester? _____

How many transferrable units have you completed to date? _____ Current Cumulative GPA _____

Year of high school graduation _____ or Year of GED completion _____

Other Colleges/Universities attended:

_____ Dates _____ GPA _____

What is your major? (if undecided, please note) _____

What are your educational goals?

- ☐ 2-year degree (AA/AS)/Certificate AND Transfer to a 4-year college/university
☐ 2-year degree (AA/AS)/Certificate only
☐ Transfer to a 4-year college/university
☐ Undecided

Campus Resources/Programs

Are you currently a participant of any other programs on campus? (circle all that apply)

☐ DRC ☐ EOPS/CARE/CAL-Works ☐ STEM ☐ V-ROC
(Dis. Res. Ctr.) (Ext. Opp. Prog. & Svcs.) (Sci, Tech, Engin & Math) (Vet. Res. & Opp. Ctr.)

Financial Aid Information

When did you file a FAFSA/apply for financial aid? _____.

What type of financial aid are you receiving? (Check all that apply)

☐ Pell Grant ☐ Work-Study ☐ BOG Fee Waiver ☐ Other

Do you have a need for academic support (*i.e. academic counseling or tutoring in Math/Writing*)?

☐ Yes ☐ No

Has your mother, father or primary care giver earned a 4-year college degree in the U.S. or any of its territories?

☐ Yes ☐ No

Eligibility

Are you a U.S. Citizen?

☐ Yes ☐ No

If not, are you a Permanent Resident?

☐ Yes ☐ No

Are you low income/eligible for financial aid?

☐ Yes ☐ No

Please submit a copy of your (or your parents') taxes from last year. Attach copy BEFORE submitting.

Do you have a physical or learning disability?

☐ Yes* ☐ No

**** If yes, also submit documentation from our DRC or your doctor. Attach copy BEFORE submitting.***

Please describe disability: _____.

***Before submitting your application, make sure that you have attached the following:**

- ☐ Copy of your (or your parents') taxes from last year – SIGNED & DATED.
- ☐ (If applicable) Copy of your Disability Accommodations Letter from our DRC office (if learning disabled) or a letter from your doctor (if physically disabled).

Please submit application and attached materials to our TRIO-SSS office, located in the Learning Center.

***Note: Applications will not be considered unless ALL applicable documents are included.**

Please read the following and sign below before submitting this application:

I verify that the information on this form is correct and complete. I understand that my acceptance to the Student Support Services Program depends on the accuracy of my answers. I authorize the Student Support Services Program to request copies of transcripts, financial aid awards, transfer information, and/or disability verification pertinent to my future educational performance. All information will BE KEPT CONFIDENTIAL.

Signature _____ Date _____