TRiO
Student Support Services
APPLICATION

The Student Support Services Program is federally funded by the U.S. Department of Education. Its mission is to promote the retention, graduation and success of college students. <u>All services are provided at no cost to qualifying students</u>.

The program will provide eligible students with services such as tutoring, workshops, academic and career/transfer counseling to help them succeed in college. Students who desire to participate in the program's activities must meet certain requirements established by the Department of Education. 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 650-306-3369.***

PLEASE PRINT CLEARLY

Contact Information

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

Name _____ Home phone:_____
      Last Name   First Name   Middle Initial

Address_____
       Number and Street   City   State   Zip

E-mail address_____

Work phone _____ Cell_____ Best time to call_____

How did you learn about this program?_____

Demographic Information

Date of Birth _____ Male_____ Female_____

Ethnicity: 1) Native American____ 2) Asian/ Asian-American____ 3) Black/African-American____

4) Latino/Hispanic____ 5) European/White____ 6) Pacific Islander____ 7) Other____ (Explain)_____

Educational Information

How many units are you enrolled in this semester? _____

How many college 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? (**circle** all that apply)

        2-year degree (AA/AS)   Transfer to 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   MESA

(Disab. Resource Ctr)   (Extended Opp. Prog. and Serv)   (state of Calif program)   (Math, Engin, Science Achieve.)

Financial Aid Information

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

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

      Pell Grant   Work Study   Fee Waiver   Other

Eligibility

The questions below are intended to determine whether you are eligible for the SSS program.

- 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
  * If yes, submit a copy of your (or your parents') taxes from last year

_____

- Do you have a physical or learning disability?   ☐ **Yes***   ☐ No
  * *If yes, also submit documentation from our DPS office or your doctor*

  Please describe disability: _____.

_____

- Do you have a need for academic support?   ☐ Yes   ☐ No

- <u>Father's Education</u>:

  ☐ Less than high school   ☐ GED   ☐ 4 Year college degree

  ☐ High school grad   ☐ Some college   ☐ Graduate degree

- <u>Mother's Education</u>:

  ☐ Less than high school   ☐ GED   ☐ 4 Year college degree

  ☐ High school grad   ☐ Some college   ☐ Graduate degree

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_____

Before submitting your application, make sure that you have attached the following <u>if applicable</u>:

☐ *Low Income* - Copy of your (or your parents') taxes from last year – SIGNED & DATED.
☐ *Disability* - 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 (room 9-213). *Note: Applications will not be considered complete unless ALL applicable documents are included.