 

**TRIO Student Support Services**

**Confidential Student Application (2018-2019)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (last) (first) (MI)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Number and Street) (City) (State) (Zip)

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCC ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CCC Academic Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Identity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions by circling yes or no:**

1. Are you currently admitted and enrolled at Clatsop Community College? Yes No

2. Have you attended CCC before? Yes No

3. Did a parent or guardian earn a Bachelor degree from a university? Yes No

4. Do you have a documented disability? Yes No

5. Do you receive accommodations at CCC for a disability? Yes No

6. Are you eligible for financial aid through CCC? Yes No

7. Are you receiving veteran benefits? Yes No

8. Are you a student at Job Corps? Yes No

**Please answer the following questions:**

1. Were you a member of Upward Bound, Talent Search or another SSS program? If yes, which one and where was the program?
2. Please circle your current level of education:
	1. GED
	2. High School Diploma
	3. Associate Degree
	4. Bachelor Degree
	5. None of the above

1. Did you attend another college? Yes No. If yes, please tell us the name of the college you previously attended. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Ethnicity: Do you consider yourself to be Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)

Yes No

1. Race (circle all that apply to you):
	1. **American Indian/Alaskan Native** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
	2. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, and the Philippine Islands.
	3. **Black or African American** – A person having origins in any of the black racial groups of Africa
	4. **White** – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
	5. **Native Hawaiian/other Pacific Islander** – A person having origins in any of the original peoples of Hawaii or the Pacific islands such as Samoa and Guam.
2. Are you a US Citizen? Yes No

*(If you answered yes, skip to question 8.)*

1. Are you a permanent resident? Yes No
2. How did you hear about the Student Support Services/Plus Program? (circle all that apply)

CCC Table Top Tents

CCC TV Monitor

Classroom Visit

College Website

Email

CCC Instructor

High School teacher

Orientation

Parent or Friend

Upward Bound or Talent Search Coordinator

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the degree you are working towards? (please circle one)

Associate of Arts Oregon Transfer

Associate of Science Oregon Transfer

Associate of General Studies

Associate of Applied Science

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

I don’t know or am undecided.

1. What are your educational and career goals?

**INCOME VERIFICATION- STEP 1­­\_\_\_ Please circle Yes or No**

Are you married or separated by not divorced? Yes No

Do you have children or other dependents (other than a spouse) who receive Yes No

more than half their support from you?

At any time since reaching 13 years of age, were both of your parents deceased, Yes No

were you in foster care, or were you a ward or dependent of the court?

Are you serving on active duty in the U.S. Armed Forces for purposes other than training? Yes No

Are you a U.S. Armed Forces veteran who was on active duty & was released under a Yes No

condition other than dishonorable?

Are you an emancipated minor or are you in a legal guardianship as determined by a Yes No court?

Are you a unaccompanied youth who is homeless? (e.g., you lack a fixed, regular, and Yes No

adequate nighttime residence) or self-supporting and at risk of becoming homeless?

Do you have independent status with financial aid? Yes No

**INCOME VERIFICATION-STEP 2 ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you are **at least 24 years old** or you answered YES to any question in Step 1, you must answer the following questions about yourself. If you are **less than 24 years old** and you answered NO to all questions in Step 1, both you **and** your parent(s) or guardian(s) must answer the following questions about income.

What is the total number of persons (including you) in your family in 2017? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your taxable (not total) income from the last calendar year (2017)? Please check 1 of the following options and then provide the income information.

\_\_\_\_\_ My family’s taxable income from the last calendar year (2017) was $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (taxable income can be found on the federal income tax return. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6.)

\_\_\_\_\_ My family did not file a federal income tax return for the last calendar year (2017). My family’s total income from the last calendar year was $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ My family had no taxable income for the last calendar year (2017).

I certify, that, to the best of my knowledge, the information I provided on this application is true and correct. I authorize personnel associated with the TRIO SSS Program to obtain, copy and/or review my records, including, but not limited to, high school and college transcripts, test scores, financial aid records, progress reports, final grades, and enrollment status at any college or university, so the TRIO SSS program can determine my eligibility for the TRIO SSS Program. I also authorize TRIO SSS Program staff to discuss my academic and personal needs with other CCC staff. I understand all prospective students must meet specific federal eligibility requirements to be considered for the program.

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student’s Parent (dependent students) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The TRIO SSS Program is a United States Department of Education TRIO Student Support Services (SSS) project and is completely funded with federal monies, currently funded at $321,798 per fiscal year.

**Please contact the TRIO SSS program if you need assistance or have questions regarding completing this application.**

Telephone: (503)338-2346 Email: TRIO\_Program@clatsopcc.edu

All services to participating students are at no cost to them.