



TRIO Student Support Services Participant Application

TRIO

Completed applications may be turned into the Student Academic Support Center, Rhodes Hall, or the 2nd floor Student Services Desk, Greene Center.

Name: _____
Last First MI

Clark State ID _____

Mailing Address: _____
Street Apt# City State Zip

Cell Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Email Address: _____ Date of Birth: _____

Gender: F M

Please check one: US Citizen Permanent Resident Other

What ethnicity do you identify with (check all boxes that best describe you)?

- African American/Black
- American-Indian or Alaska Native
- Asian
- Caucasian/White
- Hispanic or Latino
- Native Hawaiian or Pacific Islander

When did you graduate from high school? _____ OR Do you have a G.E.D.? _____

What is your major at Clark State: _____

What level of degree do you plan to complete?

- Certificate Program
- Associate Degree
- Transfer to Four-Year College

What school do you plan to transfer to? _____ OR Unsure

How many credits have you completed at Clark State: _____

- Do you plan to attend: Full Time 3/4 Time 1/2 Time
(per semester)
- 12 credits + 9- 11 credits 6-8 credits

Have you attended college before? Yes No

If yes, what school: _____

Dates attended: _____ Did you complete a degree: Yes No

Degree Program Completed: _____

Have either of your parents graduated from a 4-year college? Yes No

How many people are in your household at the time of this application: _____

Do you have a documented disability? Yes No

Have you filed a FAFSA (financial aid form)? Yes No

Do you have access to the internet at home? Yes No

Have you participated in any of the following programs (check all that apply)?

- Talent Search GEAR UP Upward Bound
 Champion City Scholars TRiO SSS

Have you tested into or completed any of the following classes (check all that apply)?

- College Reading Comprehension I or II College Writing Essentials or Workshop
 Pre-College Math 0500/0650/0750/0700

May we contact you via text message? Yes No

How did you hear about TRIO SSS? _____

Release of Information

I want to participate in the TRiO Student Support Services Program. I authorize the program Director/ representative to access my academic, financial and any other records that may be needed for my progress monitoring and for necessary intervention. I further agree to provide, if requested documentation to support the information stated on this form. I expect this information to be used towards my academic and career goals and also to be kept in confidence in accordance with the Family educational Rights and Privacy Act.

I certify that the information on this application is true and complete to the best of my knowledge.

Student Signature: _____ **Date:** _____

TRIO SSS is a grant program funded by the United States Department of Education. All applications are accepted and weighted according to the CSCC and DOE policy of providing educational opportunities without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.

OFFICE USE ONLY

_____ Reading _____ Writing _____ Math (Pre-Algebra) _____ Elementary Algebra

- Placement Test GED Out of school 5 or more years

Student is eligible for SSS participation as: FG LI DIS

Student is NOT eligible for program

Reason for ineligibility: _____