

Student Support Service Programs Application Form

Please check the name of the TRIO program for which you (the student) are applying? (Please check only one box.)

___ TRIO Student Support Services ___ TRIO York Enrichment Services

General Information:

1. Student ID#: _____ Semester _____

2. Name: _____
Last First MI

3. Mailing Address: _____
Street City State Zip

4. Email: _____ 5. Home # () _____ Cell # () _____

6. Birth date: _____ 7. Gender: ___ Male ___ Female ___ Other 8. Marital Status: S M D W

9. Ethnicity: American Indian Alaskan Native Hispanic Black (non-Hispanic)
 Native Hawaiian Asian White Native American Pacific Islander

Academic:

Highest Level of Education Completed:

___ G.E.D ___ High School Diploma ___ Associate Degree ___ Other _____

Are you: new incoming student Transfer Student Current York College student

Current class status at York College: ___ Freshman (0-29) ___ Sophomore (30-59) ___ Junior (60-89) ___ Senior (90+)

Were you enrolled in TRIO SSS or TRIO YES in the past? Yes No

Are you on academic probation? Yes No

Were you ever enrolled in EOC, Talent Search or Upward Bound Program(s)? Yes No

Are you a transfer student? _____ YES _____ NO

College/University transferring from: _____

GPA at above named institution: _____ Reason for transfer: _____

Citizenship Status:

___ U.S. Citizen ___ Permanent Resident Other _____ Permanent Resident Alien # _____

First Generation Verification:

Please answer the following questions about your parents/guardian:

- Has your mother received/earned a 4 year college degree? Yes No
- Has your father received/earned a 4 year college degree? Yes NO
- Which parent did you regularly reside with and receive support from during your childhood (until you were 18)?
 Father Mother Both Mother and Father Neither Mother nor Father

Additional Services: Do you have an interest or need for the following services?

- 1. Disability Services: Yes No
- 2. Referral for special accommodations for academic needs: Yes No
- 3. Adaptive and/or Assistive Technology for academic needs: Yes No
- 4. Need assistance in completing FAFSA/TAP application: Yes No

Financial Aid: Please check all that applies:

Have you applied for financial aid? Yes No Work Study Yes No
 PELL___ TAP___ FSEOG___ LOANS___ SCHOLARSHIPS/GRANTS___ NONE___ Other:_____

Income Verification: Accepted documentations include, a signed federal income tax forms {1040EZ, 1040A, 1040, etc.}; or a signed FAFSA; or documentation of income from another federal/government I sources (DSS, SSI or SSDI); or a signed statement from your parent or legal guardian stating their income. Independent students MUST provide your financial information, not parent/guardian).

- 1. I am a **dependent student** (claimed for tax purposes by parent/guardian). _____
 - 2. I am an **Independent Student** (no one can claim me for tax purposes). _____
 - 3. Number of people living in your household including yourself last year? _____
 - 4. My family taxable income for last year was: _____
 - 5. My family did not file an income return. _____
- Tax Returns (last year) Signed FAFSA Signed Statement
 SSI SSDI Other Government documents:_____

I'm submitted this application to be considered for program participation in the TRIO Student Support Services program. Moreover, I authorize the release of official academic records, financial aid records, disability documentation and information from college faculty and/or school staff to the TRIO Student Support Services or TRIO York Enrichment Services (Students with Disabilities), understanding that the information in these records will be used only to assess the student's eligibility, need for program services, academic review/progress, evaluation of program activities and fulfillment of program reporting requirements. I understand that my information will be kept confidential according to legal requirements. By signing this application, I verify that all of the above information is true and accurate to the best of my knowledge.

_____	_____
Student Signature	Date
_____	_____
Student's Parent or Legal Guardian Signature	Date

FOR OFFICE USE ONLY

Proof of Income Proof of Residency College I.D. Transcript

Cohort Year _____ Eligibility: FG LI LI & FG DA LI & DA Pell Award Yes No

Applicant Approved Applicant Not Approved: Reason: _____ Waiting List

_____	_____
Counselor/Advisor's Signature	Director's Signature
Date	Date
Data Entry Date: ___/___/___	Initials of Data Entry Staff: _____ Project: TRIO SSS TRIO YES