



TRIO STUDENT SUPPORT SERVICES APPLICATION

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Birth date: ____/____/____ Race: _____ Gender: M F

High School Graduate? Yes No GED Graduate? Yes No U.S. Citizen? Yes No Resident Alien? Yes No

Have you ever participated in the Educational Talent Search, Educational Opportunity Center, or Upward Bound programs? Yes No

With whom do you live? ___ Parent ___ Spouse ___ Grandparent ___ Guardian Other(_____)

Total # in family _____ Do you have a disability? Yes No (Description of disability: _____)

Do either of your parents have a **four-year** degree? **Father** Yes No **Mother** Yes No Major: _____

Career Goal: _____ E-Mail Address: _____ Do you work? Yes No No. of hours per week: _____

In what SSS services are you interested? (please check all that apply)

___ Tutorial assistance in _____ Estimated grade(s) at present: _____

___ Academic Advising Academic Advisor: _____

___ Career Advising ___ Financial Advising ___ Educational videos/dvd ___ Cultural Events ___ Service Learning

___ Personal Counseling ___ Personality type/Learning Style inventory ___ Mentoring ___ Financial Aid/Literacy Assistance

___ Transfer Advising What institutions have you considered? _____

___ College success skills (note-taking skills, test-taking skills, study guides, book loan, calculator loan, notes, etc.)

Are you receiving financial assistance from any of the following?
Please check all that apply, fill in \$ and circle correct time period.

- ___ Pell Grant
- ___ Rehab
- ___ RPCC/Private scholarship(s)
- ___ Louisiana TOPS Scholarship
- ___ SEOG
- ___ State Grant
- ___ Work Study
- ___ Educational loan (\$ _____ per semester/year)
- ___ Single Parent Program (\$ _____ per semester/year)
- ___ VA (\$ _____ per semester/year)
- ___ Food Stamps (\$ _____ per semester/year)
- ___ AFDC/ADC/TANF (\$ _____ per semester/year)
- ___ HUD (\$ _____ per semester/year)
- ___ Other _____ (\$ _____ per semester/year)

Please complete the following:

If you are required to file a federal tax form, do you file as

- ___ Single ___ Married, filing jointly
- ___ Head of Household ___ Married, filing separately

How many exemptions do you claim? _____

What is your taxable income? _____ *

*Taxable income found on
Line 43 of the 1040 Line 27 of the 1040A
Line 6 of the 1040 EZ

Signature**

** If you are considered a **dependent** student by financial aid guidelines, the above information is based on parent or guardian income and must be signed by a parent or guardian.

Additionally, if you are a dependent student and are required to file a federal tax form, you must complete the following information:

How many exemptions do you claim? _____

What is your taxable income? _____

Signature:

The SSS Program at RPCC is funded in total (100%) by federal grant funding from the U.S. Department of Education, with an annual budget of \$220,000. For questions and other information, please call.

I am interested in participating in the Student Support Services program in order to achieve my educational/vocational goals. I agree to participate in all recommended services and will keep all appointments until my goals are met. I further agree that I will complete recommended assessment tools. I have read the foregoing in full and hereby certify that to the best of my knowledge, all information contained herein is accurate. I give permission to the SSS program to secure my high school transcript/GED scores, ACT/ASSET scores, financial aid information, and other needed academic/financial information from appropriate agencies (i.e. DHS, Rehab, Services, Single Parent Program, VA, etc.) in order to provide services. I agree to sign in and out electronically through a database program when appropriate.

Signature _____

*** OFFICE USE ONLY ***

1st _____ LI _____ PH _____
 *ASSET WS _____ RS _____ M _____ ()
 *ACT E _____ R _____ M _____ C _____
 *COMPASS WS _____ RS _____ M _____
 **Taxable Income \$ _____

FA _____ AN _____
 High School/College GPA _____
 Date Accepted: ____/____/____

Reason Denied:

DNQ No AN

_____ Year
 Financial Assistance Needed \$ _____ *
 Financial Assistance Awarded \$ _____ **
 **Other Financial Asst. Offered \$ _____
 Awarded/Offered Total \$ _____
 SSS Supplemental Grant \$ _____
 **Unmet Need \$ _____

Completed Self-Assessment Instruments:

SSS Self Assessment SIGI
 Learning Styles Myers-Briggs
 Cops Other
 Kuder _____

* This information supplied by the Registrar's Office.

** This information supplied by the Financial Aid Office and/or student reported.

*** Based on a nine-month year for all students except those who are in the nursing program; these students' need is based on a twelve-month year.

**** Total Financial Assistance Awarded includes both educational and non-educational monies from federal, state, and institutional sources. This category also includes parent/student contribution if applicable. This amount is based on a nine-month year for all students except those in the nursing program; this amount is calculated for a twelve-month year for nursing students.

Selection Process

The student whose name and personal information appears on the previous page has been chosen for participation in the SSS program based on the following data:

Documentation of first-generation status? Yes No
 Documentation of low-income status? Yes No
 Documentation of handicapped status? Yes No (Description of disability: _____)

COMPASS/ACT score(s) indicating at-risk scores in the following areas: English Math Reading

Other assessment results:

High School/College GPA <2.00? Yes No GED Recipient? Yes No

Instructor recommendation from the following academic discipline(s):

English Math Science Social Studies Accounting Computer Science Nursing Other (_____)

Self-reported scores and/or problems associated with the following class(es):

English Math Science Social Studies Accounting Computer Science Nursing Other (_____)

Educational Plan of Action
