

Box 37- 13300 West Sixth Avenue

Lakewood, CO 80228-1255

[www.rrcc.edu](http://www.rrcc.edu)

# **TRiO Student Support Services – Program Application**

Thank you for your interest in TRiO SSS! Please write clearly. Application must be complete to be considered. Please contact the TRiO SSS office at 303-914-6762 with questions.

## Student Information

Name (First, middle, last):

Student ID Number:

Student Email: @student.cccs.edu

Phone Number:

I authorize TRiO SSS to text message me important information: Yes: No:

Address: City: Zip:

## Demographic Information

Gender: Male: Female:

Birth date:

Ethnic Origin – Check all that apply

American Indian/Alaskan Native:

Hispanic/Latino:

Other:

Asian:

Native Hawaiian or other Pacific Islander:

Black/African American:

White:

## What is your citizenship status?

U.S Citizen:

Permanent Resident:

Not a citizen/permanent resident:

Social Security Number or Resident Number:

Provide copy of card if Resident

## Educational Information

Name of High School:

Date graduated from High School:

Have you received a GED? Yes: No:

Date Received GED:

What college or university have you previously attended? :

Have you previously participated in a TRiO program (Upward Bound, SSS, Talent Search, etc.):

Yes: No:

Are you currently taking classes at RRCC: Yes: No:

If not currently taking classes, when do you plan to attend? Fall / Spring / Summer of 20 .

Do you plan to earn an Associate’s Degree from RRCC: Yes: No:

If so, what semester and year do you expect to graduate from RRCC: Fall / Spring / Summer of 20

Do you plan to transfer to a four-year college/university: Yes: No:

If so, where? :

Do you currently work with an Academic Advisor at RRCC: Yes: No:

If yes, who:

## TRIO SSS Eligibility Criteria

Do either of your parents have a 4-year college degree: Yes: No:

Do you have a documented disability, or are receiving services from Accessibility Services: Yes: No:

If yes, please specify disability:

Current household size (please include yourself):

Do you have any dependent(s) children:

Did you (or your parents/guardians) file income taxes for the preceding year: Y ( ) N ( )

Which amount which best matches your (or your parents’, if under the age of 24) taxable income for the preceding year.

Please refer to line:

43 on the 1040 27 on the 1040 A 06 on the 1040EZ

$0 – 17,505:

$17,506 – 23,595:

$23,596 – 29,686:

$29,686 – 35,775:

$35,776 - 41,865:

$41,866 – 47,955:

$47,956 -54,045:

$54,046 -60,135:

Over $60,135:

I state that this income information describes my (or my parent’s, if under the age of 24) taxable income for the preceding year.

Student signature: Date:

## Consenting Agreements

Please read and initial each individual agreement below. Please discuss these agreements with TRiO SSS staff before signing if you have any questions or concerns.

\_\_\_\_\_\_ I understand that SSS staff may review my academic information and financial aid status, maintaining a student record of this information. Also, I understand that academic progress reports may be requested of my Instructor(s) each semester. I understand that TRiO SSS uses academic information in strictest confidence and only for purposes relevant to student success.

\_\_\_\_\_\_ I understand that my services with TRiO SSS may be amended or suspended if I violate the RRCC Student

Code of Conduct when interacting with TRiO SSS staff and students.

\_\_\_\_\_\_I understand that TRiO SSS may track and analyze the academic performance of the TRIO cohort for the purpose of program evaluation and research. I understand that such evaluation and research will not identify individual students and is anonymous.

\_\_\_\_\_\_ I understand that TRiO SSS may photograph, film, or quote TRIO SSS students for the purpose of program outreach. I permit TRiO SSS to use my image and quotes without reimbursement to me, for publication, electronic media, or other appropriate purpose.

\_\_\_\_\_\_ I understand that I must meet the eligibility criteria established by TRiO SSS regulations and policies in order to be accepted into the TRiO SSS program.

## Acknowledgement:

I have reviewed the above agreement and I permit TRiO SSS to act as specified.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Office Use Only

Citizenship ( Y ) (N )

1st Gen ( Y ) (N ) Low Income ( Y ) (N ) Disability ( Y ) (N )

Academic Need ( Y ) (N ) Program Eligible? ( Y ) (N ) Accepted into Program ( Y ) (N )

SSS Director Name and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_