



**TRIO SSS Eligibility Criteria**

Do either of your parents have a 4-year college degree? Y ( ) N ( )

Do you have a documented disability, or are receiving services from Accessibility Services? Y ( ) N ( )

If yes, please specify disability \_\_\_\_\_

Current household size (please include yourself) \_\_\_\_\_ Do you have any dependent(s) children? Y ( ) N ( )

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.

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 \_\_\_\_\_