TRIO Student Support Services Box 37- 13300 West Sixth Avenue Lakewood, CO80228-1255





## 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.

Name:First	 M.I.	 Last		
S#: S				
Email:@student.cccs.edu				
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	Resident N	umber	(Provide copy of card)	
Educational Information				
ame of High School Date graduated from High School				
Have you received a GED? Y() N() Date Received GED				
What college or university have you previously attended?				
Do you have a prior degree? If so, what kind (BA, AA, AAS, AGS)				
Have you previously participated in a TRiO program (Upward Bound, SSS, Talent Search, etc.)?Are you currently taking classes at RRCC? Y() N()				
If not currently taking classes when do you plan to attend? Fall 20 Spring 20 Summer 20				
Do you plan to earn an Associate's Degree from RRCC? Y ( ) N ( ) Certificate ( ) Major:				
If so, what semester and year do you expect to graduate from RRCC?				
Do you plan to transfer to a four-year college/university? Y ( ) N ( ) If so, where?				
Do you currently work with an Academic Advisor at RRCC? Y ( ) N ( ) If yes, who?				

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) c	hildren? 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 Please refer to line:	ne preceding year.			
43 on the 1040 27 on the 1040 A 06 on the 1040EZ				
( )\$0-17,505 ( )\$17,506-23,595 ( )\$23,596-29,686 ( )\$29,686-35,77 ( )\$35,776-41,865 ( )\$41,866-47,955 ( )\$47,956-54,045 ( )\$54,046-60,135 ( )over				
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 an accepted into the TRiO SSS program.	d policies in order to be			
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	Pate			