



## Application

A student is eligible to participate in a Student Support Services project if the student meets **ALL** of the following requirements:

1. Is a citizen or national of the United States or meets the residency requirements for Federal student financial assistance.
2. Is enrolled at the grantee institution or accepted for enrollment in the next academic term at that institution.
3. Has a need for academic support, as determined by the grantee, in order to pursue successfully a postsecondary educational program.
4. Is—
  - A low-income individual;
  - A first generation college student;
  - or
  - An individual with disabilities.

Please complete the attached checklist and gather attachments. Incomplete applications will not be processed. No exceptions!

1. Complete front and back of TRIO Student Application form.
2. Attach one or both of the following to your application:
  - Proof of income: Signed Income tax return, Benefits Notice (SSI, SSDI, TANF, etc.), or Unemployment Benefits Notice. W-2's are **Not** acceptable
  - Proof of disability: documentation from DARS, Certification of blindness / deafness, Professional diagnosis in medical report.
3. Drop off completed packet in Room A110 (the Counseling Center).

You will be contacted via phone or email to inform you of your application status. Orientations and interviews are scheduled on a space-available basis throughout the academic year. To check on the status of your application, please call Diana Parr at 214-860-2684.

**\*\*Note\*\*** Applicants who miss more than three appointments throughout the application process will be asked to reapply for the next semester.

Need more information on the TRIO Program? Pick up a brochure in Room A110 or visit our website:  
[www.elcentrocollege.edu/Student\\_Services/TRIO](http://www.elcentrocollege.edu/Student_Services/TRIO)

\* Please also note: Rising Star students are **NOT** eligible for the TRIO Program. You must be an El Centro College student to receive services.

Thank you for applying to the El Centro College TRIO Program. We look forward to serving you in the near future!

Revised 8 / 09



**NOTE TO APPLICANTS:** The ECC TRiO Student Support Services program is federally funded by a grant from the U.S. Department of Education. The program is designed to serve undergraduate students who meet at least one of the following requirements: 1) income eligibility as determined by federal government guidelines, 2) first generation college student (neither parent/guardian has a 4-year degree), and/or 3) a documented a disability (must be registered with ECC Disability Services Office). In addition, applicants must be U.S. citizens or permanent residents and accepted to or enrolled at El Centro College. According to federal regulations, ECC SSS program can serve only 200 students annually, so spaces are limited. It is strongly suggested that applicants submit their completed application prior to the start of the Fall semester.

**Student Support Services Participant Application**

Please Type or Print in Blue or Black Ink.

<b>Last Name:</b>		<b>First Name:</b>		<b>M.I.:</b>
<b>Street Address:</b>			<b>Apartment #:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>	
<b>Phone Numbers:</b> Best number to contact you: _____ 2 <sup>nd</sup> best number to contact you: _____			<b>Social Security #:</b> _____-_____-_____ <b>ECC Student ID:</b> _____	

<b>Ethnicity:</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> More than one race	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birthdate:</b> ____/____/____ <b>Mo. Day Year</b> <b>Age:</b> _____
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Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are not a U.S. Citizen, are you a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter Permanent Resident Alien Number:	A		

Has your mother received/earned a four-year degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your father received/earned a four-year degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever participated in another TRiO program? (Check all that apply.)	<input type="checkbox"/> Upward Bound <input type="checkbox"/> SSS	<input type="checkbox"/> Talent Search <input type="checkbox"/> McNair Scholars <input type="checkbox"/> EOC
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Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many hours do you work per week? _____
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Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What High School did you graduate from? \_\_\_\_\_

When did you graduate or receive your GED? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you attended any other colleges:**  Yes  No If "Yes", have you earned/received a 2/4 yr. degree?:  Yes  No  
Please list any colleges attended previously: \_\_\_\_\_

When did you begin coursework at the El Centro College? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year _____
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When do you expect to graduate? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year _____
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What is your current classification? <input type="checkbox"/> Freshman (0-29 hours completed) <input type="checkbox"/> Sophomore (31+ hours completed)
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What is your current GPA? _____	Enrollment Status? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Enrolled _____
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What is your academic goal while attending ECC? <input type="checkbox"/> To earn a one-yr certificate <input type="checkbox"/> To earn a two-year degree <input type="checkbox"/> To complete core classes and then transfer to a university <input type="checkbox"/> Uncertain
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Are you registered with Student Disability Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
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Do you plan to register with Student Disability Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure
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- If you are 24 years old or older, ignore the questions below and skip to the next section.
- If you are less than 24 years old, answer the questions below and then go to the next section.

Are you married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have children who receive more than half of their support from you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently serving on active duty in the U.S. Armed Forces for other than training purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you are at least 24 years old or you answered YES to any of the questions above, **you** must answer the questions below.
- If you are less than 24 years old and answered NO to all of the questions above, **your parent(s)** must answer the questions below.

What is the total number of persons in your family?

Please select one of the following boxes:

My family's **taxable (not total)** income from the last calendar year was:  
 \$     ,     .

(Note: Your taxable income can be found on the federal income tax return you filed last calendar year. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6. On IRS Telefile, see line K1.)

I attest that my family did not file a federal income tax return for the last calendar year. My family's income was:  
 \$     ,     .

I attest that my family had no taxable income for the last calendar year.

*I certify that the information entered here in this section is true and correct to the best of my knowledge.*

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_  
 Date

**\*\*\* Parent/Guardian Signature is required if applicant is less than 24 years old and answered NO to all the questions above.**

*Otherwise, only the student's signature is required below.*

**Release and Certification**  
 (Students should read and initial each line below)

\_\_\_\_\_ I authorize Student Support Services staff to access any records required in assisting me including, but not limited to:

- Disability Services Office
- Admissions/Registrar /Student Records
- Office of Student Financial Aid
- Faculty members regarding academic progress

\_\_\_\_\_ I understand that I may be required to provide income verification with last year's income tax return or alternate proof of income.

\_\_\_\_\_ I understand that if accepted into any phase of the Students Support Services Program, I agree to participate in activities (workshops, advising sessions, tutoring, cultural programming, etc.) designed to help me achieve my academic goals and to promote personal growth.

\_\_\_\_\_ I certify that the information included on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_  
 Date

Application Approved For Orientation/Intake Process: \_\_\_\_\_ Date: \_\_\_\_\_

