Application for TRiO
Student Support Services

Please fill out the application below as completely and accurately as possible to determine your eligibility for services including tutoring, advising, and usage of other resources. All applications should be returned to the Student Success Center on the second floor of the Jack Hunt Campus Center.

<table>
<thead>
<tr>
<th>ELIGIBILITY CODE</th>
<th>ACADEMIC NEED</th>
<th>TEST SCORES/GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Income &amp; First-Generation</td>
<td>Low HS Grades</td>
<td>Compass Writing</td>
</tr>
<tr>
<td>Low Income Only</td>
<td>Low Test Scores</td>
<td>Compass Reading</td>
</tr>
<tr>
<td>First Generation Only</td>
<td>Predictive Indicator</td>
<td>Compass Math</td>
</tr>
<tr>
<td>Disabled</td>
<td>Academic Proficiency Test</td>
<td>Compass Computer</td>
</tr>
<tr>
<td>Disabled &amp; Low Income</td>
<td>Low College Grades</td>
<td>Asset Writing</td>
</tr>
<tr>
<td>No Response/Unknown</td>
<td>High School Equivalency</td>
<td>Asset Reading</td>
</tr>
<tr>
<td></td>
<td>Out of School &gt; 5 Years</td>
<td>Num. Pre-Algebra</td>
</tr>
<tr>
<td></td>
<td>Limited Eng. Proficiency</td>
<td>Elementary Algebra</td>
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<tr>
<td></td>
<td>Lack of Edu/Career Goals</td>
<td>SAT Critical Reading</td>
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<tr>
<td></td>
<td>Lack of Acad Preparedness</td>
<td>SAT Math</td>
</tr>
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<td></td>
<td>Support to Raise Grades</td>
<td>ACT Composition</td>
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<td></td>
<td>Lack of Study Skills</td>
<td>Accuplacer</td>
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<tr>
<td></td>
<td>Returning Student</td>
<td>High School GPA</td>
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<tr>
<td></td>
<td>Single Parent</td>
<td>College GPA</td>
</tr>
</tbody>
</table>

Testing Scores/GPAs Verified by: ________________________________ Date ________________________________

SSS Entry Date: ________________________________ Verified By: ________________________________ Staff Initials: ________________________________ Acceptance Letter Sent: ________________________________ Staff Initials: ________________________________

Notes: ________________________________

TRiO-SSS Staff Signature: ________________________________ Date: ________________________________

General Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
<th>Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Initial</td>
<td>Student ID</td>
</tr>
</tbody>
</table>

Date of Birth: ________________________________ Gender: Male [ ] Female [ ] Preferred Phone: ________________________________

Street Address: ________________________________ City: ________________________________ State: ________________________________ Zip: ________________________________

Cell Phone: ________________________________ Do you text? [ ] Yes [ ] No

Emergency Contact: ________________________________ Email Address: ________________________________

Preferred Method of Contact: [ ] Voicemail (at Preferred Phone, Work Phone, or Cell Phone) [ ] Email [ ] Text Messages

Relationship to You: ________________________________

Emergency Contact’s Phone: ________________________________

Demographic and Eligibility Information

Ethnicity (Check all that apply):

[ ] Asian
[ ] African American/Black
[ ] Alaska Native or American Indian
[ ] Hispanic or Latino
[ ] Native Hawaiian or Pacific Islander
[ ] White
[ ] Other ________________________________

Citizenship Status:

[ ] U.S. Citizen [ ] Not a Citizen

Your Status, if not a Citizen:

[ ] Divorced
[ ] Widowed
[ ] Separated

Are you a veteran? [ ] Yes [ ] No

Are you responsible for your home or children? [ ] Yes [ ] No

Are you a foster child? [ ] Yes [ ] No

Are you a homeless or runaway youth? [ ] Yes [ ] No

Are you a single parent? [ ] Yes [ ] No

Student Lives With:

[ ] Parents
[ ] Spouse
[ ] Independently

Head(s) of Household names:

Street Address: ________________________________ City: ________________________________ State: ________________________________ Zip: ________________________________

Occupation: ________________________________

Testing Scores/GPAs Verified by: ________________________________ Date: ________________________________

Notes: ________________________________
**Personal and Miscellaneous Information**

Do you have any impairment, disability, or other condition which may require services or accommodations that could better your academic success?  
Yes  No

If yes, has documentation related to the disability or impairment been submitted to the Director of Enrollment Services, through the Student Services Department here at Cleveland Community College?  
Yes  No

If you think you may have a disability, impairment, or condition that requires special services or an accommodation that has not been diagnosed, please describe it and share your concerns with us:

**Educational Information**

Check the highest degree you have completed:

- Associate Degree  
- High School Diploma  
- GED  
- Adult High School Diploma  
- Last School Attended after High School

High School GPA  City  County

Year Completed  Name of School that Awarded Diploma

- How many years have you been at CCC?  
- First year, never attended
- First year, attended before
- Second year
- Other:

- What is your expected or declared major/degree?
- Other:

- Current GPA

- Is English your native language?  
- Yes  No

- Do you experience any difficulty speaking, writing, or understanding the English language?  
- Yes  No

If yes, describe:

- Which semester (Spring, Fall)?
- Which year did you participate?

**History at Cleveland Community College**

What semester and year did you first enroll at CCC? (e.g., Spring 2010)  

- Current GPA

- What is your expected graduation date?

- What is the name of your advisor (if known)?

**Service Request Information**

Check the services which you may need or want.  

- Academic Counseling  
- Career Counseling  
- College Tour  
- Cultural Trips  
- Employability Skills (Resume writing, interview skills, etc.)  
- Financial Counseling (Obtaining aid, budgeting)  
- Personal Counseling  
- Study Skills Development  
- Transfer Counseling  
- Tutoring (MAT: ______  ENG: ______  Other: ______)

**Student Responsibility**

I understand the information I’ve shared will help ensure that TRiO-Student Support Services is complying with federal regulations governing funding for this program. I certify that all the information is correct. Further, I give Student Support Services permission to receive copies of my records from the Financial Aid Office and Student Services. I also give this office permission to obtain information regarding my academic progress from faculty.

Student Signature  Date