



# TRIO STUDENT SUPPORT SERVICES PROGRAM Application



General Information				
Name	Last	First	Middle Initial	Social Security #
Address				Student ID #
City, State, Zip			Primary CCCC Campus <input type="checkbox"/> Chatham <input type="checkbox"/> Harnett <input type="checkbox"/> Lee	
CCCC Email Address			Alternate Email Address	
Cell Phone	Home Phone		Preferred Method(s) of Contact (Check ALL that apply) <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone Call <input type="checkbox"/> Mail	
Emergency Contact	Name	Phone		Relationship
Demographics				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity</b> Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race (Check all that apply)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White		
Enrollment Information				
<b>Enrollment Status</b> Are you currently enrolled at CCCC or accepted for enrollment in the next academic term? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Curriculum</b> <input type="checkbox"/> Associate's degree/University Transfer <input type="checkbox"/> Associate's degree/Other <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate				
<b>Program</b> <input type="checkbox"/> Science, Technology, Engineering, or Math <input type="checkbox"/> Health Science <input type="checkbox"/> Other _____				
First Generation Status				
Did either parent or guardian with whom you resided have a bachelor's degree prior to you turning 18? <i>*Please provide this information only for those parents/guardians living in your former household.</i>				
Mother/Female Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		Father/Male Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Income Verification				
Please complete only 1 of the 3 sections below. Check the appropriate box to indicate your chosen method of income verification. If you are an <i>independent</i> student, please use your own income information. If you are a <i>dependent</i> student, please use your parent/guardian's income information.				
<input type="checkbox"/> <b>Option 1: Income Tax Return Included</b> I am including my/my parent or guardian's income tax return for last year with this application.				
<input type="checkbox"/> <b>Option 2: Financial Aid Application Included</b> I am including my financial aid application with this application.				
<input type="checkbox"/> <b>Option 3: Statement including Family Taxable Income and Family Size</b> I/my parent or guardian filed an income tax return last year. The number of individuals currently living in my household and/or claimed as dependents (including myself) is _____.				
My/my parent or guardian's <i>taxable</i> income for last year was \$ _____ (Form 1040 line 43 or Form 1040A line 27). <b>Please note that taxable income is different from gross or net income.</b>				

<b>Disability Status</b>
Are you registered with the CCCC Special Populations (Disability Services) Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please include a copy of your accommodations along with your application.</i>
Do you believe you may have an undiagnosed mental, physical, or learning disability or do you identify yourself as a student with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please explain.</i>
<b>Citizenship</b>
Are you a Citizen, National, or Permanent Resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRiO History</b>
Have you participated in any of the following TRiO Programs? <input type="checkbox"/> Upward Bound <input type="checkbox"/> Upward Bound Math-Science <input type="checkbox"/> Veterans Upward Bound <input type="checkbox"/> Talent Search <input type="checkbox"/> Student Support Services <input type="checkbox"/> Educational Opportunity Center If yes, at which school? _____
<b>Personal Statement</b>
Please write a short statement about your educational goals and career aspirations. In your statement please also tell us about the services or support you may need in order to achieve academic success and/or graduate.

I would like to participate in the TRiO Student Support Services Program and receive the free services provided.

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge.

I give consent for the TRiO Student Support Services Program to access all of my student records at Central Carolina Community College, including both academic and financial records.

I understand that this information is confidential and will only be used for the purposes of my application to this program.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Staff Use</b>
<b>Date Received:</b> _____ <b>Method:</b> <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Mail <b>Eligibility:</b> <input type="checkbox"/> LI <input type="checkbox"/> FG <input type="checkbox"/> D <input type="checkbox"/> Not eligible <b>Status:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted <input type="checkbox"/> Denied <b>Program:</b> <input type="checkbox"/> SSS <input type="checkbox"/> SSS STEM & Health Sciences <b>Director's Signature:</b> _____ <b>Date:</b> _____