TRIO STUDENT SUPPORT SERVICES PROGRAM
Application

General Information

Name Last	First	Middle Initial	Social Security #	Student ID #

Address			Date of Birth	

City, State, Zip	Primary CCCC Campus ❑ Chatham ❑ Harnett ❑ Lee

CCCC Email Address	Alternate Email Address

Cell Phone	Home Phone	Preferred Method(s) of Contact (Check ALL that apply) ❑Email ❑Text ❑Phone Call ❑Mail

Emergency Contact Name	Phone	Relationship

Demographics

Gender ❑ Male ❑ Female	**Ethnicity** Are you Hispanic/Latino? ❑ Yes ❑ No	**Race (Check all that apply)** ❑ American Indian/Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian/ Pacific Islander ❑ White

Enrollment Information

Enrollment Status
Are you currently enrolled at CCCC or accepted for enrollment in the next academic term?   ❑   Yes   ❑   No

Curriculum
 ❑ Associate's degree/University Transfer   ❑ Associate's degree/Other   ❑ Diploma   ❑ Certificate

Program
❑ Science, Technology, Engineering, or Math   ❑ Health Science   ❑ Other _____

First Generation Status

Did either parent or guardian with whom you resided have a bachelor's degree prior to you turning 18?
Please provide this information only for those parents/guardians living in your former household.

Mother/Female Guardian: ❑ Yes ❑ No   Father/Male Guardian: ❑ Yes ❑ 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 *independent* student, please use your own income information.

If you are a *dependent* student, please use your parent/guardian's income information.

❑ **Option 1: Income Tax Return Included**
I am including my/my parent or guardian's income tax return for last year with this application.

❑ **Option 2: Financial Aid Application Included**
I am including my financial aid application with this application.

❑ **Option 3: Statement including Family Taxable Income and Family Size**
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 *taxable* income for last year was $ _____ (Form 1040 line 43 or Form 1040A line 27).
Please note that taxable income is different from gross or net income.

Disability Status
Are you registered with the CCCC Special Populations (Disability Services) Office? ❑ Yes ❑ No *If yes, please include a copy of your accommodations along with your application.*
Do you believe you may have an undiagnosed mental, physical, or learning disability or do you identify yourself as a student with a disability? ❑ Yes ❑ No *If yes, please explain.*

Citizenship
Are you a Citizen, National, or Permanent Resident of the United States? ❑ Yes ❑ No

TRiO History
Have you participated in any of the following TRIO Programs? ❑ Upward Bound ❑ Upward Bound Math-Science ❑ Veterans Upward Bound ❑ Talent Search ❑ Student Support Services ❑ Educational Opportunity Center If yes, at which school? _____

Personal Statement
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: _____

For Staff Use
Date Received: _____ **Method:** ☐ In Person ☐ Email ☐ Mail **Eligibility:** ☐ LI ☐ FG ☐ D ☐ Not eligible
Status: ☐ Accepted ☐ Waitlisted ☐ Denied **Program:** ☐ SSS ☐ SSS STEM & Health Sciences
Director's Signature: _____ **Date:** _____