



TRiO Program Application

Please complete application **IN PEN**. All items marked with an * are REQUIRED

Office Use Only

Date Stamp

Name _____
Last First MI

Preferred Name _____ * Student ID # _____

Date Rec'd _____

Referred to us by a Student/Staff/Faculty? ☐ Yes ~ Who? _____ ☐ No

Rec'd by _____

Address _____
Street City State Zip Code

Home Phone (_____) _____ Cell Phone (_____) _____
Include Area Code Include Area Code

Email _____ Facebook Name _____
Please Print Legibly Please Print Legibly

*† Birth Date _____ Age _____ *† Ethnicity: Hispanic or Latino? ☐ Yes ☐ No *† Gender: ☐ F ☐ M

*† Race: Check ALL racial groups you identify as/origins of: ☐ American Indian/Alaskan Native
☐ Asian (refers to Far East, SE Asia, or Indian Subcontinent) ☐ Black/African American (refers to Africa) ☐ Native Hawaiian/other Pacific

Islander (refers to Hawaii, Guam, Samoa, Pacific Islands) ☐ White (refers to Europe, Middle East, North Africa, to include Hispanic/Latino)

Please put in order of 1-4 your preferred contact method:

____ Text
____ Call
____ Email
____ Facebook

PROGRAM ELIGIBILITY

What is your current college cumulative G.P.A.? _____ ☐ Never attended college, no G.P.A. yet.

*† U.S. Citizen? ☐ Yes ☐ No ~ Permanent Resident? ☐ Yes - Registration Number A- _____ ☐ No

*† Did either of your natural or adoptive parents/guardians earn a 4-year baccalaureate (bachelor's) degree? ☐ Yes ☐ No

Are you intending to complete your 2-year associate's degree at Pierce College Ft. Steilacoom? ☐ Yes ☐ No

Do you plan to transfer to a four-year college/university upon completion of an associate's degree at Pierce? ... ☐ Yes ☐ No

What level of Math, English, and Reading are you currently placed in and/or enrolled for _____
(Math 96, 98) (Eng 98, 99, 101) (Reading 99)

Disability Status Do you have a physical or mental impairment which substantially limits one or more major life activities, such as: seeing, hearing, speaking, walking, learning, or working? ☐ Yes ☐ No

If yes, are you registered with the Access & Disability Services on campus? ☐ Yes ☐ No

FINANCIAL INFORMATION

Have you applied for financial aid (submitted the FAFSA)? ☐ Yes ~ When? _____ ☐ No

☐ an independent student: (determined by FAFSA) *† Your taxable income for last year _____ *† Family size reported _____
2018: (1040 line 10) (Total # names on return including dependents)

*† Independent Student's Signature: _____ (This signature is ONLY for Income Statement)

OR

☐ a dependent student: determined by FAFSA *† Family's taxable income for last year _____ *† Family size reported _____
(include student & parents total taxable income & total family size.) 2018: (1040 line 10) (Total # names on return including dependents)

By signing below, I certify that the above information is true and correct to the best of my ability. (This signature is ONLY for Income Statement)

*† Student's Signature: _____ Parent/Guardian Signature: _____
(ONLY Required if student is a Dependent - as defined by FAFSA)

EDUCATIONAL HISTORY & INFORMATION

Pre-college: ☐ High School Diploma _____ ☐ GED _____ ☐ Running Start _____ ☐ Out of School 5+ Years
(Year received) (Year received) (Year enrolled)

List ALL colleges attended _____

College Credits Earned _____ List ALL college degrees earned _____

Have all official college transcripts been sent to Pierce? ... ☐ Yes ~ When? _____ ☐ No (request them now)

If Yes, have they been evaluated? ☐ Yes - Officially evaluated ☐ Yes - Unofficially evaluated ☐ No - Not yet evaluated

Have you ever been on academic or financial aid probation or suspension? ☐ Yes ☐ No; Number of reinstatement appeals? _____

Have you been in a TRiO program before (including Upward Bound, Educational Talent Search, Educational Opportunity Center, or Student Support Services? ☐ Yes ~ Where at? _____ ☐ No

EDUCATIONAL GOALS (Please answer ALL questions. If you are unsure, please write "Unknown" or "Undecided")Degree you are seeking at Pierce College: ☐ AA DTA (Direct Transfer Degree) ☐ BUS DTA ☐ Pre-Nursing DTA ☐ BIOL DTA☐ Associate of Science (AS-T) (Track 1 or 2) ☐ ProTech ☐ Cert Only ☐ Undecided ☐ No Degree ☐ Other _____

Pierce College Advisor/s _____ Expected Pierce Graduation Date (mm/yyyy) _____/_____/_____

☐ Transferring to a 4-Year BA/BS College/University/Program immediately after degree from Fort Steilacoom.

Transfer institution 1 _____ 2 _____ 3 _____

☐ Not transferring to a 4-Year BA/BS College/University/Program immediately after 1 or 2 year degree from Pierce FS.What careers are you interested in AND why are you interested in them? ☐ Undecided/unclear educational or career goals

What obstacles or life challenges do you see as potential barriers to your academic success?

How can the TRiO SSS Program best support your educational goals? Please check all that apply:

- ☐ Academic Advising ☐ Transfer Advising ☐ Advocacy ☐ Career Development/Advising ☐ Tutoring
- ☐ Cultural Activities ☐ Financial Aid Advising ☐ Personal Development ☐ Raise GPA
- ☐ Mentoring ☐ Study Skills ☐ Other _____

Affidavit/Release Statement The information provided on this form is, to the best of my knowledge, accurate and true. As a TRiO Student Support Services Program applicant, I give my permission for staff (including work-study staff) to review, obtain, or make copies of all necessary Pierce College and prior educational documents (i.e. financial aid records, college transcripts, assessment results, statement of disability, current academic progress reports) to determine my eligibility for the program. I also give my permission for college personnel to share information with TRiO staff as necessary to support my educational progress and academic success. I understand that I may withdraw this consent at any time by notifying TRiO and Pierce College, in writing, of my intent to do so. I also give my consent to share my information to outside agencies or institutions for reporting or tracking purposes, including but not limited to the National Student Clearing House, Student Access, Department of Education, or other colleges.

Confidentiality Waiver TRiO Student Support Services staff works to provide confidentiality for students participating in our program. In addition to the limits to confidentiality outlined above, the following waivers apply: When a student discloses that s/he knows of child or elderly abuse; when a student discloses that s/he is a threat to self or others; when our records are legally subpoenaed. If any of the aforementioned applies, we are legally required to report our knowledge to appropriate authorities. The mode in which the information is obtained (i.e. classroom setting, phone, electronic media, social networking/Facebook etc., email correspondence, IM chat, text, online, or direct conversation) all carry the same responsibility of disclosure on our part. Additionally, we want students to be conscious of the fact that our facilities structure is not designed to ensure confidentiality.

I verify that all information provided is true and accurate.

*† STUDENT'S SIGNATURE _____

DATE _____

PLEASE RETURN TO TRiO (WELCOME CENTER C301) - Fax 253-964-6479; Phone 253-912-3644; www.pierce.ctc.edu/go/trio

TRiO SSS: Federally funded grant provided by Department of Education until August 31, 2020.

Eligibility Verification

Office Use Only

☐ LI ☐ FG ☐ DI How was low income verified? ☐ Tax Return ☐ Statement ☐ _____ Verified by _____ (initial)**SSS Academic Need:** ☐ Academic Proficient Test ☐ Low college GPA ☐ Failing grades ☐ 5+ years out ☐ GED/HSE ☐ Low high school GPA☐ Not college ready ☐ Lack of college/career goals ☐ Predictive indicator ☐ Lack of academic preparedness for college ☐ Support to raise GPAHow verified? ☐ ACCUPLACER ☐ College transcript ☐ HS transcript ☐ Student stated ☐ _____ Verified by _____ (initial)TRiO SSS ☐ LI-FG _____ ☐ LI Only _____ ☐ FG Only _____ ☐ LI-DI _____ ☐ DI Only _____ (initial)

Advisor Signature _____ Entry Date _____ Entry Quarter _____ CoHort _____

Director Verification Signature _____ Date _____ Student Case Number _____

Asst Approval:

Asst Appt Date:

Processed In: T0/SMS:

DR:

EdPlan Approval:

EdPlan Appt Date:

Processed Out TRiO:

DR:

NOTES