



TRIO SSS & ASPIRE Application

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

Office Use Only/Date Stamp

Name _____
Last First MI

Preferred Name _____ * Student ID # _____

Primary Language _____ Preferred Pronouns _____

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

Date Rec'd _____
Rec'd by _____
(Initials)

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

*₁ Birth Date _____ Age _____ *₁ Ethnicity: Hispanic or Latino? Yes No *₁ Gender: F M

*₁ 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)

Preferred contact

Text

Call

Email

Facebook

PROGRAM ELIGIBILITY

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

*₁ U.S. Citizen? Yes No - Permanent Resident? Yes - Registration Number A- _____ No

*₁ 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

Math and English level are you currently enrolled for or planning to take after guided self-placement? _____
(Math 75, 98, 146 Co-Rec) (Eng. 99, 101 Co-Rec)

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

Applied for financial aid (submitted the FAFSA)? Yes/Month _____ Year _____ Receiving PELL Grant? Yes No

an independent student: (determined by FAFSA) *₁ Your taxable income for last year _____ *₁ Family size reported _____
2019: (1040 line 11b) (Total # names on return including dependents)

*₁ Independent Student's Signature: _____ (This signature is ONLY for Income Statement)

OR (Financial Aid determines if you are dependent or independent)

a dependent student: (determined by FAFSA) *₁ Family's taxable income for last year _____ *₁ Family size reported _____
(add together the student & parents total taxable income & total family size.) 2019: (1040 line 11b) (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)

*₁ Dependent 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

Ever been on academic or financial aid probation or suspension? No Yes, number of reinstatement appeals? _____

Have you been in any 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 GED HS Diploma No Degree

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.

Top 3 Possible Transfer institutions 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 our Program best support your educational goals? Please check all that apply: Career Development/Advice

Transfer Advice Academic Advice Tutoring Cultural Activities Financial Aid Advice Advocacy

Personal Development Raise GPA Mentoring Study Skills STEM (Science, Tech, Engineering & Math)

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, PM, 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.

[†]TRiO SSS & ASPIRE are Federal grant programs which requires reporting certain information. Not providing information marked with an [†] may result in non-acceptance into a program.

***STUDENT'S SIGNATURE:** I verify that all information provided is true and accurate: _____ **DATE** _____

PLEASE RETURN TO TRiO (WELCOME CENTER C301) - Fax 253-964-6479; Phone 253-912-3644; or email to: trio@pierce.ctc.edu

www.pierce.ctc.edu/trio TRiO SSS: Federally funded 5 year grant provided by Department of Education until August 31, 2025.

(Revised 9/1/2020)

Eligibility Verification

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 GPA

How verified? Guided Self Placement Co-Rec College transcript HS transcript Student stated _____ Verified by _____

TRiO SSS Reporting: LI-FG ____ LI Only ____ FG Only ____ LI-DI ____ DI Only ____ (initial)

Advisor Signature _____ Entry Date _____ Entry Quarter _____ CoHort _____

ASPIRE Reporting: AAPI ____ Non-AAPI ____ LI-FG ____ LI Only ____ FG Only ____ (initial)

Advisor Signature _____ Entry Date _____ Entry Quarter _____ CoHort _____

Director Verification Signature _____ Date _____ Student Case Number _____

Entry Appt. Approval Staff	Entry Appt. Date	Processed Active Student Access	Processed ATRI In ctclink	Processed AAPI In ctclink	Director Check In: Reporting
Exit Process Approval	Processed Out ctclink	Processed SA Alum/inactive	Graduation TermTRiO Year	End Status: Alumni/Inactive	Director Check Out: Reporting

Empty box for additional information or comments.