



STUDENT SUPPORT SERVICES

STCC Participant Application

Date of Application: \_\_\_\_\_

In accordance with 20 U.S.C. § 1232g; 34 CFR Part 99, the Family Education Rights & Privacy Act (FERPA), the information provided will be used to determine program eligibility, services needed and to evaluate participant progress. Information from this document will remain confidential, retained in the students' program file and used to comply with required U.S. Department of Education performance reporting.

Please print neatly, using black or blue ink

- 1. Do you have a high school diploma or Do you have a G.E.D. or Have you passed the HiSET (High School Equivalency Test)?
2. Do you have an Associate's, Bachelor's or higher degree?
3. I am a U.S. Citizen: or I am a Permanent Resident:
4. I meet the requirements to receive federal financial aid:

First Name: Last Name: M.I.

Mailing Address:

City, State, Zip Code:

Primary Phone (XXX-XXX-XXXX) home cell other Secondary Phone (XXX-XXX-XXXX) home cell other

Personal Email Address:

STCC Major (Program of Study): Gender: Male Female

Please select if you identify as:

Hispanic/Latino/Latina/Latinx - The Federal Government refers to Hispanic as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Please select the race you most closely identify with - Please do not leave blank; select at least one:

- American Indian/Alaska Native - American Indian/Alaskan Native refers to a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian - Asian refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Native Hawaiian or Other Pacific Islander - Native Hawaiian or Other Pacific Islander refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Black or African American - Black or African American refers to a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
White - White refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

English is my second language: Yes, No, If yes, my primary language is:

**ELIGIBILITY INFORMATION:**

**PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:**

1.  **Yes**    **No**   Were you at least 24 years old on or before Jan. 1<sup>st</sup> of this year?
2.  **Yes**    **No**   As of today, are you legally married (Also answer "Yes" if you are separated but not divorced)?
3.  **Yes**    **No**   Do you have (or will you have) children who will receive more than half of their support from you between July 1<sup>st</sup> of this year and June 30<sup>th</sup> of next year?
4.  **Yes**    **No**   Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?
5.  **Yes**    **No**   Are you currently serving on active duty in the U.S. armed forces for purposes other than training? (*If you are a National Guard or Reserves enlistee, are you on active duty for other than state or training purposes?*)?
6.  **Yes**    **No**   Are you a veteran of the U.S. armed forces?
7.  **Yes**    **No**   At any time, since you turned age 13, were both of your parents deceased, were you in foster care, or were you a ward or dependent of the court?
8.  **Yes**    **No**   Are you an emancipated minor or are you in a legal guardianship as determined by a court (answer "No" if the court papers say "custody" rather than "guardianship." *A student in legal guardianship does not need to report parent information on the FAFSA form because he or she is considered an independent student*)
9.  **Yes**    **No**   Are you an unaccompanied youth who is homeless or self-supporting and at risk of being homeless?

***If you answered "Yes" to ANY question above, please provide student's income information***

***If you answered "No" to EVERY question above, please provide parent/guardian's income information***

**CHECK THIS BOX IF YOU COMPLETED A FAFSA AND WANT TRIO TO OBTAIN A COPY OF YOUR ISIR/SAR FROM S.F.S.**  
*(Please know that TRIO may still need a copy of your or your parent's 1040 tax return if income eligibility cannot be determined by the ISIR)*

**OR**

**Complete the information below as either a Tax Filer (BOX A) or Non-Tax Filer (BOX B), but not both:**

<p><b><u>BOX A: For Tax Filers only</u></b>  <i>(From most recent 1040, 1040 EZ)</i></p> <p>Total Number of Exemptions: _____</p> <p><b><u>Taxable</u></b> Income (<b><u>NOT</u></b> Adjusted Gross Income): \$ _____</p>	<p><b><u>BOX B: For Non-Tax Filers only</u></b>  <i>(ONLY if you /your parent's are not required to file taxes)</i></p> <p>Total Number in Household: _____</p> <p>Monthly Amount of Income/Benefits: \$ _____</p>
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**Income information is from** *(check appropriate box):*

- |  |  |
|--|--|
| <input type="checkbox"/> Most Recent 1040, 1040EZ Tax Return, or<br>Tax Transcript (Tax Year: _____) | <input type="checkbox"/> Supplemental Security Income (SSI, Disability, etc.)<br><input type="checkbox"/> Other Forms of Income: _____ |
|--|--|

*My signature below verifies that the income information provided is true to the best of my knowledge. I understand this information is necessary to verify income eligibility for program participation.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Parent/Guardian must sign below if Student Financial Services classified the student as dependent:**

Parent's/Guardian's Name (print): \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SELF-DISCLOSED INFORMATION:**

**Yes**  **No** Do you consider yourself to be a  
"First-generation college student"  
(see definition below)

**Yes**  **No** Are you registered with STCC's Office of Disability  
Services (ODS) and/or do you have a documented  
disability?

*\*First generation college student means—*

- A student whose natural or adoptive parent(s) did not "receive" a bachelor's degree;
- A student who, prior to the age of 18, regularly resided with and received support from only one parent and that parent did not "receive" a bachelor's degree; or
- An individual who, prior to the age of 18, did not regularly reside with or receive support from a natural or an adoptive parent

Have you ever participated in another TRIO or college readiness/support program (e.g. Upward Bound, GEAR UP, Talent Search, Student Support Services, EOC, etc.)?  **Yes**  **No** If Yes, which program? \_\_\_\_\_

When (date, semester)? \_\_\_\_\_

What is your Career Goal? \_\_\_\_\_

*If you are unsure, write "Unsure"*

A.  **Yes**  **No** Is this your first time attending STCC?

B.  **Yes**  **No** Have you ever attended another college or university?

C.  **Yes**  **No** If yes, do you plan to transfer credits from that college/university to STCC?

**N/A** *(If No to question B above, select N/A to this question)*

D.  **Yes**  **No** Have you already completed the FAFSA for the current school year?

E.  **Yes**  **No** After you complete your degree at STCC, are you interested in transferring to a four-year college or university to earn a Bachelor's Degree?

F.  **Yes**  **No** Would you like to learn more about the services STCC offers to Veterans?

G.  **Yes**  **No** Would you like to learn more about the services offered through the Center for Access Services (CAS)?

## **AUTHORIZATIONS:**

### **Parent's Verification and Authorization for Dependent Student to Participate in TRIO Student Support Services if Accepted:**

*My signature below verifies that the information reported on this application is true and accurate to the best of my knowledge, and I am giving my son/daughter permission to participate in the TRIO SSS program if accepted.*

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Student's Photograph Release and Authorization to Send Electronic Messages:**

*The authorizations below will remain in effect for the duration of my attendance at Springfield Technical Community College or until revoked in writing by me or the College.*

#### Photograph Release

I hereby grant Springfield Technical Community College permission to use my likeness in any and all media, now known or hereafter developed, throughout the world, in perpetuity, in connection with any and all editions or versions of any promotional materials and has the exclusive right to use any promotional materials in whatever way it wishes. I understand that I will not receive any compensation as a result of any use of my likeness as described in this release. I waive any rights of privacy, and/or approval that I might otherwise have with regard to the use of my likeness. No use of my likeness shall be the basis of any future claim of any kind against Springfield Technical Community College, its respective officers, directors, agents, employees, successors or assigns, nor shall this release be made the basis of any such claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization to Send Electronic Messages

By signing this form, I authorize Springfield Technical Community College to send text messages to my cell phone in lieu of phone calls, in order to convey College information, including emergency notifications. I understand that text messaging rates will apply to any messages received from the College. I also understand that I or the College may revoke this permission in writing at any time. I agree not to hold the College liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my contact/cell phone number changes, that I will inform the College or be liable for any fees or charges incurred.

**Privacy Disclaimer:** This text message program is provided as a service to students to give important information in a timely manner. Your information will not be sold, distributed, or in any other way shared with entities or affiliates outside of Springfield Technical Community College.

**Cell phone carrier/provider:** \_\_\_\_\_ **Cell phone #:** \_\_\_\_\_  
(Example: Verizon, AT&T, T-Mobile, Metro, Boost, etc.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



- Return your application to TRIO SSS. There are three ways to do this:
  1. Attach your completed application in an email to [TRIO@stcc.edu](mailto:TRIO@stcc.edu)
  2. Bring your completed application to the TRIO SSS office, located in Building 19, Room 266 (The TRIO Office is open Monday-Thursday from 8 a.m.-5 p.m., and 8 a.m.-4 p.m. on Fridays.)
  3. Mail your completed application to:

TRIO Student Support Services  
Springfield Technical Community College  
One Armory Square  
Springfield, MA, 01105
- Once your application is processed, you will be scheduled for an Intake Interview with a TRIO SSS Counselor
- After your Intake Interview, you will have a Final Interview with the TRIO SSS Director

The program will inform you of the decision made regarding your acceptance within two weeks after your Final Interview.

**Questions? Contact TRIO Student Support Services at 413-755-4718, or [TRIO@stcc.edu](mailto:TRIO@stcc.edu)**

*Student Support Services is a Federal TRIO Program and is funded by the U.S. Department of Education*