

TRIO

STUDENT SUPPORT SERVICES

~ PARTICIPANT APPLICATION ~

Please Print Legibly:

First & Last Name: _____

STCC Student ID#: _____

Please return to: TRIO Student Support Services (SSS)
Building 27, Room 208, 413-755-4718, ssserv@stcc.edu
Springfield Technical Community College
One Armory Square, Suite 1, P.O. Box 9000
Springfield, MA 01102-9000

Revised, 08/20/2018

TRIO SSS OFFICE USE ONLY

Application Material Review (place a check ✓ in the box)

- Intake Form
- TRIO SSS Application
- Income Documentation
- ODS Verification (if applicable)
- Student Signature
- Parent Signature (if applicable)

STCC Enrollment Status (place a check ✓ in the appropriate box(es))

- Currently Enrolled
- Previously Enrolled (Returning Student)
- Never Enrolled (New or Transfer Student)
- GEAR UP 13th Year Student
- ABE/Gateway Grad. STCC Enroll. Date _____
- Other: _____

Eligibility Determination (circle all that apply)

LIF LIO FGO DIS DLI

Intake Interview Date: _____ Intake Counselor: _____

Academic Need (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Final Interview Date: _____

Determination: Accepted Project Entry Date: _____ Date of First Service: _____
 Not Accepted Reason: _____
 Pending Reason: _____

Director's Signature: _____ Date: _____



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

Do you have a Certificate of Completion, Associate's Degree, Bachelor's Degree or higher? Yes No

If yes, specify which: _____

First Name: _____ Last Name: _____ M.I. _____

Social Security #: _____ STCC Student ID: _____

Home Address (Number, Street, Apt #) _____

City, State, Zip Code: _____

Mailing Address, City, State, Zip Code (if different from Home Address): _____

Primary Phone (XXX-XXX-XXXX) Circle: home cell other
() -- _____ Secondary Phone (XXX-XXX-XXXX) Circle: home cell other
() -- _____

School Email Address: _____@student.stcc.edu

Personal Email Address: _____

Gender: Male Female Date of Birth (MM-DD-YYYY): _____

I am a U.S. Citizen or Permanent Resident: Yes No, Alien Registration Number: _____
(If no, please also provide a copy of your Green Card with this application)

English is my second language: Yes, No, My primary language is: _____

Select one or more ethnicities that you closely identify with:

- Hispanic/Latino/Latina** - 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.
- 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.

Select the race you most closely identify with – **Please select at least one:**

- 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.

First Name: _____ Last Name: _____ M.I. _____

Have you ever participated in any other TRIO or college readiness/support program (e.g. Upward Bound, Educational Talent Search, Student Support Services, GEAR UP, etc.)?

No Yes, Which program? _____ When? _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

Circle Yes or No

1. **Yes No** Were you born before Jan. 1, 1995?
2. **Yes No** As of today, are you married? (*Also answer "Yes" if you are separated but not divorced.*)
3. **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?*)
4. **Yes No** Do you now have—or will you have—children who will receive more than half of their support from you between July 1, 2018, and June 30, 2019?
5. **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, now and through June 30, 2019?
6. **Yes No** At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?
7. **Yes No** Has it been decided by a court in your state of legal residence that you are an emancipated minor or that someone other than your parent or stepparent has legal guardianship of you? (*You also should answer "Yes" if you are now an adult but were in legal guardianship or were an emancipated minor immediately before you reached the age of being an adult in your state. Answer "No" if the court papers say "custody" rather than "guardianship."*)
8. **Yes No** At any time on or after July 1, 2017, were you determined to be an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless, as determined by (a) your high school or district homeless liaison, (b) the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or (c) the director of a runaway or homeless youth basic center or transitional living program?

*Just like with Financial Aid, if you answered "Yes" to ANY question above, you are an independent student.
If you answered "No" to EVERY question above, you are a dependent student.*

Please provide a copy of **ONE** of the following documents below with your completed application (*check appropriate box*):

(Dependent students must provide parents income information)

- Most recent IRS 1040 tax return, signed and dated on the last page
- Most recent IRS Tax Transcript (indicating taxable income amount), signed and dated on the last page
- Current Letter/Official Documentation indicating SSI benefits, Disability, etc.
- Completed TRIO SSS Income Verification Form, signed and dated on the bottom of the page

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 page 1 and 2 of this application is true and accurate to the best of my knowledge, and that I give permission for my son/daughter to participate in the TRIO SSS program if accepted.

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

Additional Authorizations:

Photograph Release (Optional)

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 (Optional)

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, Boost, Sprint, T-Mobile, etc.)

Cell phone email address: _____
(Example: 1234567890@Vtext.com – this can usually be found in your phone’s settings/menu)

Signature: _____ **Date:** _____

This authorization 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.



Follow these steps:

1. Return your application to the TRIO SSS office in Building 27, Room 208, along with the income documentation you selected on page 2
2. Schedule a 30-minute intake interview with a TRIO SSS Counselor
3. Schedule a 30-minute final interview with the TRIO SSS Director

We will make a decision on your application within three weeks after your final interview, and notify you by letter (U.S. Mail) of the decision.

Questions? Contact TRIO Student Support Services at 413-755-4718