

Name: _____

TRIO Student Support Services Program Application 2019-2020

Are you a first-generation college student (your parents have not received a Bachelor's degree)?

Are you a student with high financial need?

Are you a student with a documented disability?

If you can answer "yes" to any of these, we may be able to help you.

TRIO Student Support Services provides the tools and the strategies necessary for completing a 4-year college degree and planning for the road beyond. SSS is a Federal TRIO Program, 100% funded through a Student Support Services grant from the United States Department of Education to provide services to 165 students who have applied for and been accepted into the program. Applications are kept on file and used to fill open positions.

Personal Information

Bacone Student ID _____ Today's Date _____

Full Name _____

Date of Birth _____ Gender Female Male No Response

Marital Status Married Single

Ethnic Background (check all that apply) Hispanic American Indian or Alaskan Native

Asian Black or African American White Native Hawaiian or Pacific Islander

Tribal Affiliation (optional) _____

Are you a US Citizen? Yes No (_____) ...or a Permanent Resident? Yes No

Is English your first language? Yes No (_____)

Are you a US Veteran? Yes No Do you receive financial aid? Yes No

Contact Information

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Best way to reach you? Home Phone Cell Phone Personal E-mail Bacone Student E-mail

Academic Information

Are you an incoming freshman? Yes No Are you a transfer student? Yes No

Do you have a: Hs Diploma GED Which High School did you attend? _____

College enrollment status: Full-time Part-time Credit hours this semester: _____

What degree are you seeking at Bacone? AA AS BA BS undecided none

Do you plan to apply to a graduate program? Yes No Unknown Major: _____

TRIO Status: Have you previously participated in any TRIO programs? Yes No

Student Support Services/Disability Support Services Talent Search Upward Bound UB- Math/Science

Veterans Upward Bound Communication UB Educational Opportunity Centers

If Yes, where?

First Generation Verification

Did either one of your natural or adoptive parents earn a 4-year college degree?

Mother/Legal Guardian Yes No Unknown

Father/Legal Guardian Yes No Unknown

Which parent or parents did you regularly reside with and receive support from during your childhood through age 18? Mother Father both Mother and Father neither Mother or Father

Did you have any special circumstances prior to the age of 18, such as being an emancipated minor?

Yes No If Yes, details _____

Disability Verification

Do you have a disability? Yes No Is it documented? Yes No Unknown

If yes, what is your disability? _____

Is information regarding your disability on file with Bacone College? Yes No Unknown

(Please submit any disability documentation to the Office of Academic Affairs, found on the first floor of Samuel Richards Hall)

Statement of Agreement and Consent

I certify that the above information contained on this application is true and complete to the best of my knowledge. I understand that this information will be treated as confidential, but will be reported to the U.S. Department of Education as a condition of funding for this federally funded program.

I give the Center for Academic Success and Excellence, a TRiO Student Support Services program, permission to obtain the academic or personal information that is necessary for providing assistance to me.

Printed Name

Student Signature

Date

Request for Photo Use (optional)

I give the Center for Academic Success and Excellence, its representatives and employees, to take photographs of me in connection with all TRiO SSS related activities and to publish the same in print and/or electronic media. I agree that CASE may use such photographs of me with or without my name for lawful purposes, including, but not limited to, publicity, advertising, social media and web content in connection with CASE activities and events.

Student Signature

Date

Office Use Only

Eligibility (check all that apply): Low-income First-generation Student with disability

Academic Need(s): Low high school grades Low admission test scores Predictive indicator

Academic proficient tests Other High school equivalency Failing grades Low college grades

Limited English proficiency Lack of educational/career goals Out of the academic pipeline for 5 or more years

Lack of academic preparedness for college level course work Need for academic support to raise grade(s) in required course(s)/academic major

Final Decision: Accepted Wait List Denied (_____)

Program Director's Signature

Date



Student Self-Assessment Form

Circle the answers which are the most honest and accurate. *Your answers will help us determine how we can best serve you.*

How many hours are you taking this semester?

Fewer than 12	12-13	14-15	16-17	More than 17
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What kind of GPA do you want this semester?

1.5 High D	2.0 C	2.5 High C	3.0 B	3.5 High B	4.0 A
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How often do you think you'll be absent this semester?

Half the time	Once a week	Two or three times a month	Once a month	None
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How many hours will you spend studying for your classes each week?

0	2	4	6	8	10	More than 10
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How often will you see a peer tutor or professional tutor every week?

0	1-3	4-6	7-9	More than 9
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How often will you visit TRIO Student Support Services this semester for tutoring, advising, encouragement, information, or fun?

0	1-2	3-4	5-6	> 6
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How would you rate your need for academic success?

Not Important	Slightly Important	Moderately Important	Important	Very Important
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How would you compare your social life to your academic success? Is your social life:

Much Less Important	Less Important	Equally Important	More Important	Much More Important
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