

Student Support Services

Western Nebraska Community College 1601 E. 27th St. Scottsbluff, NE 69361 (308) 635-6190 or (308) 635-6121 Toll-free 1-800-348-4435

DATE:	Code _	For Office Use Only y Does not Qualify Need (1-15) EVear Semester/Vear	2=L1 5=DI/L1 3=FG			
STUDENT ID:	FAFSA	Year Semester/Year A Filed Pell Eligible? Advisor				
BIRTHDATE:	Entry (Grade Level				
GENDER: F M Pronouns		nrollmentt Entry Date	Re-entry			
CAMPUS: DALLIANCE [SCOTTSBLUFF SIDNEY	Previous name?				
NAME						
NAME(Last)	(MI) (First)					
MAILING ADDRESS			ATE ZIP			
Residence Hall? (Check one)						
HOME PHONE	CELL PHONEWORK		RK PHONE			
Are you willing to receive text m						
WNCC EMAIL ADDRESS		_ 				
Alternate Address (Relative or Fi						
incrimic fluiress (Remire of 17	<u></u>					
Address	City	<u>State</u>	Zip			
Their Home Phone:	Their Cell	TI	neir Work			
Their Home Phone: Their Cell Their Work WHICH ASSESSMENT/TESTS HAVE YOU COMPLETED? Accuplacer COMPASS ACT/ SAT						
Please respond to the following	ng two items:					
1. ETHNICITY: Hispanic or L						
2. RACE: Select one or more ra		ving:				
American Indian or Alaskan N	Native Asian		Black or African American			
☐ White	☐ Native I	Hawaiian or other Pacific Islander				
Please complete the following inf purposes only. Incomplete appli		ential and reported as group data	for program documentation			
Did either parent complete a 4-year	•	If yes, which parent?				
Did you apply for Financial Assis		If yes, did you qualify?				
Is your taxable family income at						
Do you have a disability as define	d by Section 504 of the ADA?	\square Y \square N				
Size of family unit	Continental U.S.	Alaska	Hawaii			
1	\$19,320	\$24,135	\$22,230			
2	\$26,130	\$32,655	\$30,060			
3	\$32,940	\$41,175	\$37,890			
4	\$39,750 \$46,560	\$49,695 \$58,215	\$45,720 \$52,550			
5	\$46,560 \$53,370	\$58,215	\$53,550 \$61,380			
7	\$60,180	\$75,255	\$69,210			
8	\$66,900	\$83,775	\$77,040			

For family units with more than 8 members, add the following amount for each additional family member: \$6,810 for the 48 Contiguous States, The District of Columbia and outlying jurisdictions; \$8,520 for Alaska; and \$7,830 for Hawaii. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the *Federal Register on January* 13, 2021.

☐ Upward Bound ☐	participant? Please check all Student Support Services in the program?	☐ Veterans Upward Bound	☐ Talent Search ☐ EOC		
<u></u>			etion year?		
	ege degree? No Ye y have a bachelor's degree o	es			
College(s) transferred from: Do you work?					
Check One:					
Academic Major?		Career Goal?			
CITIZENSHIP: US Citizen International Student eligible for federal student aid Have Alien Registration Card					
VETERAN? Yes	No <u>PARENT?</u>	Yes No	SINGLE PARENT? Yes No		
ASSISTANCE NEEDS V	(Please check all that apply	y)			
Supplemental Instruction: Human Anatomy and Physiology? Chemistry? Algebra? Other Math? Other Science? Other?					
TUTORING:					
☐ Sti ☐ Pa ☐ Sti	holarship Assistance udy Skills/Learning Styles arent Support Group ress/Time Management ansfer Assistance		rell Grant)		
LONG-TERM EDUCATIONAL GOALS: Please note: Top priority is given to students who plan to pursue an Associate's Degree and/or transfer to a four-year college.					
□ One-year Certificate □ Two-year Certificate □ Diploma □ Associate's Degree □ Bachelor's Degree □ Master's Degree □ Doctoral Degree/Law Degree/Medical Doctor Degree					
Do you plan to transfer your credits to a four-year college?					
NEED CATEGORIES					
		ce Use Only—Check One			
	Low high school grades (1) Low admission test scores (02)				
	Predictive indicator (05) Academic proficient tests (Accuplacer/COMPASS/ACT or SAT Scores) (
Low college grades	• •	High school equivalency (08)			
Failing grades (09)	Out of academic pipeline 5 years or more (10)				
Other (11)		Limited English proficience			
Lack of educational and/or career goals (13)Lack of academic preparedness for college level work (14)					
Need for academic support to raise grade(s) in required course(s)/academic major (15)					
No response/Unknown	own (0)				

PARTICIPATION AGREEMENT

- 1. Graduate from WNCC within 4 years with a certificate, diploma or degree.
- 2. Attend Supplemental Instruction sessions and tutoring as needed.
- 3. Meet with a TRIO SSS Advisor/Success Coach or Assistant Director at least 2 times a semester to review your academic achievements and plans.
- 4. Meet with the WNCC Transfer Advisor if considering transfer.
- 5. Attend provided workshops, field trips and cultural events as possible.
- 6. Turn in paperwork needed for the TRIO SSS Program's federal records.
- 7. Maintain at least half-time (6 credits) enrollment.
- 8. Inform TRIO SSS staff <u>immediately</u> of changes in enrollment, address and phone number.
- 9. File FAFSA and income information with the WNCC Financial Aid office.
- 10. Maintain at least a **2.0** cumulative grade point average.
- 11. Keep the TRIO SSS staff informed of current address and phone number.
- 12. Notify TRIO SSS staff if you drop classes or withdraw from college.
- 13. Complete the Financial Literacy requirements.
- 14. Check Blackboard Community and WNCC email for announcements and email.

Do you agree to the a	bove terms? Check One:	□Yes □No		
I certify that the information contained on this application is true and complete to the best of my knowledge. I understand that the TRIO SSS program staff will use the data provided on this application to assist in assessing academic need. Furthermore, I understand that information on this application and in my TRIO SSS paper and electronic files may be provided by TRIO SSS staff to Student Services personnel on a need-to-know basis.				
Student Signature	INK PLEASE	Date		
Staff Signature	INK PLEASE	Date		

Release of Information

By signing this form, I authorize the TRIO SSS staff to obtain any and all information and documentation necessary for ongoing evaluation of my academic pursuits, including the information on file at WNCC, as required by the United States Education Department. Furthermore, I agree to allow the SSS Program staff to release information to colleges to which I have applied for transfer, and to allow colleges to which I transfer to release information to the SSS program for tracking purposes.

WNCC Website Policy

Policy for use of Names, Images, Photographs, Video/Digital Recordings, Comments, or Voice in College Marketing, Advertisements, and Promotions.

In consideration of acceptance of enrollment at WNCC, or participation in College sponsored or hosted events, I authorize Western Nebraska Community College to use my name, image, and comments, including but not limited to photographs, video and audio recordings created or used for the purposes of publicity, marketing and advertising for the College.

To avoid having this information released, a student must contact the Office of the Registrar to submit a request that the student's name, image, photograph, comments, video and/or digital recordings not be used by WNCC. This form may be printed, filled out, and sent to the Office of the Registrar.

TRIO Student Support Services is funded by the U.S. Department of Education at \$400,554

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL