

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

SIUDENI SUFFURI SERVICE					
DATE:		For Office Use Only	Codes		
	Quain	fy Does not Qualify			
SSN:		Need (1-15)	3=FG		
		t Year Semester/Year A Filed Pell Eligible?			
STUDENT ID:		. Advisor ren Engible?	<u> </u>		
BIRTHDATE:		Grade Level			
DIKTHDATE:		Enrollment			
GENDER: F M Pronou		et Entry Date			
CAMPUS: ALLIANCE	SCOTTSBLUFF SIDNEY	Previous name?			
	_				
NAME					
(Last)	(MI) (First)				
MAN DIG ADDDEGG		TOWN COT			
		1Y S1	CATEZIP		
Residence Hall? (Check one)	PioneerConestoga				
HOME PHONE	CELL PHONE	WO'	RK PHONE		
Are you willing to receive text m					
WNCC EMAIL ADDRESS		OTHER EMAIL:			
Alternate Address (Relative or Fr	riend). Name				
Auernaie Auuress (Remuve or 17	tena). Name				
Address	City	Stat	e Zip		
			_		
Their Home Phone:	Their Cell_	<i>T</i> .	heir Work		
WHICH ASSESSMENT/TESTS HAVE YOU COMPLETED? Accuplacer COMPASS ACT/ SAT					
Please respond to the following	-				
1. ETHNICITY: Hispanic or La					
2. RACE: Select one or more races that apply among the following:					
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American					
☐ White ☐ Native Hawaiian or other Pacific Islander					
Please complete the following inf	formation All answers are confident	dential and reported as group data	for program documentation		
purposes only. Incomplete appli			• •		
Did either parent complete a 4-year					
Did you apply for Financial Assis					
Is your taxable family income at					
Do you have a disability as define		☐ Y ☐ N			
Size of family unit	Continental U.S.	Alaska	Hawaii		
1	\$19,140	\$23,925	\$22,020		
2	\$25,860	\$32,325	\$29,745		
3	\$32,580	\$40,725	\$37,470		
4	\$39,300	\$49,125	\$45,195		
5	\$46,020	\$57,525	\$52,920		
6	\$52,740	\$65,925	\$60,645		
7	\$59,460 \$66,180	\$74,325 \$82,725	\$68,370 \$76,005		
×					

8 \$66,180 \$82,725 \$76,095

For family units with more than 8 members, add the following amount for each additional family member: \$6,720 for the 48 Contiguous States, The District of Columbia and outlying jurisdictions; \$8,400 for Alaska; and \$7,725 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 17, 2020.

Upward Bound	ogram participant? Please check all Student Support Services cipate in the program?	☐ Veterans Upward Bound	☐ Talent Search ☐ EOC		
Do you already have a college degree? No Yes MA/MS BA/BS AA/AS A.A. S. Please note: If you already have a bachelor's degree or higher, you are not eligible for SSS program services.					
College(s) transferred from: Do you work? No Yes Hours per week?					
Check One:					
Academic Major? _		Career Goal?			
CITIZENSHIP: US Citizen International Student eligible for federal student aid Have Alien Registration Card					
VETERAN? Y	Yes No PARENT?	Yes No	SINGLE PARENT? Yes No		
ASSISTANCE NE	EDS ▼ (Please check all that apply)				
			istry? Algebra?		
Other M	ath?Other S	cience?Ot	her?		
TUTORING:	☐ Math ☐ Reading ☐ Writing ☐	English Psychology Oth	ner Subjects		
OTHER:	☐ Scholarship Assistance ☐ Study Skills/Learning Styles ☐ Parent Support Group ☐ Stress/Time Management ☐ Transfer Assistance	☐ FAFSA Assistance (Per ☐ Test Taking ☐ Memory/Note-taking ☐ Financial Aid ☐ College Visits	ell 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					
For Office Use Only—Check One					
	chool grades (1)	Low admission test scores			
	ndicator (05)	-	(Accuplacer/COMPASS/ACT or SAT Scores) (06)		
	e grades (07)	High school equivalency (0	,		
Failing grad		Out of academic pipeline 5	•		
		Limited English proficienc			
	cational and/or career goals (13)	• •	lness for college level work (14)		
	ademic support to raise grade(s) in req	uired course(s)/academic majo	r (15)		
No response	e/Unknown (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