TRIO
STUDENT SUPPORT SERVICES

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: _____

SSN: _____

STUDENT ID: _____

BIRTHDATE: _____

GENDER: ☐ F ☐ M

For Office Use Only
Qualify _____ Does not Qualify _____
Code _____ Need (1-15) _____
Cohort Year _____ Semester/Year _____
FAFSA Filed _____ Pell Eligible? _____
Y.E.S. Advisor _____
Entry Grade Level _____
First Enrollment _____
Project Entry Date _____

Codes
1=LI/FG 4=DI
2=LI 5=DI/LI
3=FG

❐ **New Student**

❐ **Re-entry**
(break in service)

CAMPUS: ☐ **ALLIANCE** ☐ **SCOTTSBLUFF** ☐ **SIDNEY** **Previous name?** _____

NAME_____
(Last) (MI) (First)

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____
(Current mailing address)

HOME PHONE _____**CELL PHONE**_____**WORK PHONE**_____

Are you willing to receive text message reminders of events? ____Yes____ No

WNCC EMAIL ADDRESS _____ **OTHER EMAIL:** _____

Alternate Address (Relative or Friend): Name _____

Address_____ ***City***_____ ***State*** _____ ***Zip*** _____

Their Home Phone: _____***Their Cell***_____ ***Their Work*** _____

WHICH ASSESSMENT/TESTS HAVE YOU COMPLETED? ☐ Accuplacer ☐ COMPASS ☐ ACT/ SAT

Please respond to the following two items:

1. ETHNICITY: Hispanic or Latino? ☐Yes ☐ No

2. RACE: Select <u>one or more</u> 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 information. All answers are confidential and reported as group data for program documentation purposes only. **Incomplete applications will not be processed.**

Did either parent complete a 4-year college degree? ☐ Y ☐ N If yes, which parent? _____
Did you apply for Financial Assistance? (FAFSA)? ☐ Y ☐ N If yes, did you qualify? _____
Is your **<u>taxable family income at or below</u>** the limits in the chart below? ☐ Y ☐ N
Do you have a disability as defined by Section 504 of the ADA? ☐ Y ☐ N

Size of family unit	Continental U.S.	Alaska	Hawaii
1	$18,210	$22,770	$20,940
2	$24,690	$30,870	$28,395
3	$31,170	$38,970	$35,850
4	$37,650	$47,070	$43,305
5	$44,130	$55,170	$50,760
6	$50,610	$63,270	$58,215
7	$57,090	$71,370	$65,670
8	$63,570	$79,470	$73,125

For family units with more than 8 members, add the following amount for each additional family member: $6,480 for the 48 Contiguous States, The District of Columbia and outlying jurisdictions; $8,100 for Alaska; and $7,455 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 *<u>Federal Register</u> on* January 18, 2018.

Previous TRIO program participant? Please check all that apply.
☐ Upward Bound ☐ Student Support Services ☐ Veterans Upward Bound ☐ Talent Search ☐ EOC
Where did you participate in the program? _____

Check One: ☐ High School Graduation ☐ GED Completion Completion year? _____

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 <u>not</u> eligible for SSS program services.

College(s) transferred from: _____ Do you work? ☐ No ☐ Yes **Hours per week?** _____

Check One: ☐ Freshman (less than 30 credits) ☐ Sophomore (more than 30 credits)

Academic Major? _____ Career Goal? _____

CITIZENSHIP: ☐ US Citizen ☐ International Student eligible for federal student aid
☐ Have Alien Registration Card

<u>VETERAN?</u> ☐ Yes ☐ No **<u>PARENT?</u>** ☐ Yes ☐ No **<u>SINGLE PARENT?</u>** ☐ Yes ☐ No

<u>ASSISTANCE NEEDS ▼</u> (Please check all that apply)

☐ **Supplemental Instruction: Human Anatomy and Physiology? _____ Chemistry? ____ Algebra? _____**
Physics? _____ Other Math? _____ Other Science? _____

TUTORING: ☐ Math ☐ Reading ☐ Writing ☐ English ☐ Psychology ☐ Other Subjects_____

OTHER:

☐ Scholarship Assistance	☐ FAFSA Assistance (Pell Grant)	
☐ Study Skills/Learning Styles	☐ Test Taking	☐ Budgeting for Students
☐ Parent Support Group	☐ Memory/Note-taking	☐ Money Management
☐ Stress/Time Management	☐ Financial Aid	☐ Career Information
☐ Transfer Assistance	☐ College Visits	☐ Other _____

<u>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.</u>

☐ 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? ☐ Yes ☐ No
Colleges to which you may transfer: _____

NEED CATEGORIES

For Office 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) (06)
_____Low college grades (07)	_____High school equivalency (08)
_____Failing grades (09)	_____Out of academic pipeline 5 years or more (10)
_____Other (11) _____	_____Limited English proficiency (12)
_____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 (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 immediately 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 above 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 $370,344

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL