

Columbia State Community College

TRiO Student Support Services Application



Columbia & Lawrence Campus Offices

(931) 766-1494

TRiO Student Support Services (SSS) is a federally-funded TRiO Program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. To determine your eligibility, please fill out the following information completely. Incomplete applications will not be considered. The information you provide is strictly CONFIDENTIAL. In order for your application to be reviewed, you must also attach a copy of your latest 1040 income tax form (first two pages) If you did not file income taxes, you may submit other government documents to validate income status. If you are a student with a disability, official documentation must be included with application.

OFFICE USE ONLY

STATUS OF APPLICATION:

- Accepted Date _____
- Denied Date _____
- Waitlist Date _____

ACCEPTED AS:

- First Generation/Low Income
- Low Income Only
- First Generation Only
- Disability/Low Income
- Disability Only

Director's Signature: _____

PART 1: PERSONAL DATA

Applicant Name: _____
(Last) (First) (MI)

Address: _____
(Street/P.O. Box) (City) (State) (Zip Code)

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

BANNER ID Number A _____ Social Security Number _____ - _____ - _____

Gender: Male Female Birth date: ____/____/____
MM DD YY Campus Preference _____

PART 2: ETHNIC GROUP

- Caucasian/ White
- African-American/Black
- Hispanic or Latino
- Asian/Pacific Islander
- Native American: Tribe _____
- Other (specify) _____

PART 3: MARITAL STATUS

- Single
- Married
- Divorced
- Separated
- Widowed

PART 4: CITIZENSHIP

Are you a U.S. citizen: Yes No If "No", are you an eligible non-citizen (see below)? Yes No

Alien Registration Number: _____

PART 5: EDUCATIONAL INFORMATION

Are you a high school graduate? Yes No If no, what is the highest grade completed? _____

Are you planning to obtain a degree or certificate at Columbia State? (Check the one that applies to you)

- Degree What is your major? _____
- Certificate

Have you been part of a TRiO program prior to CSCC? Yes No Where? _____

Which program? TRiO Student Support Services Educational Talent Search Upward Bound

How were you referred to TRiO Student Support Services? _____

PART 6: ELIGIBILITY AND VERIFICATION : completed by student

First-Generation Verification - The term “first generation college student” means

1. An individual both of whose parents did not complete a baccalaureate (bachelor’s or 4-year college) degree, or
2. In the case of any individual who regularly resided with and received support from only one parent, an individual whose only such parent did not complete a baccalaureate (bachelor’s or 4-year college) degree.

Highest educational level or grade your father and your mother completed.

(Check one for each person)

| | Father | Mother |
|---------------------------------------|--------------------------|--------------------------|
| Elementary School | <input type="checkbox"/> | <input type="checkbox"/> |
| High School | <input type="checkbox"/> | <input type="checkbox"/> |
| College (less than four years) | <input type="checkbox"/> | <input type="checkbox"/> |
| College (Bachelor's Degree or higher) | <input type="checkbox"/> | <input type="checkbox"/> |

Did you reside with your; mother father or both? Under the above definition, Are you a “First Generation College Student.” Yes No

I verify that the above is true and that neither of my parents completed a baccalaureate degree and I am a “First Generation College Student.”

Student Signature _____

Date _____

PART 7: DISABILITIES VERIFICATION

Do you have any **documented** physical and/or learning disabilities? Yes No

If yes, is the disability information on file with the Columbia State Community College Disability Office. Yes No

(Note: Disability status must be verified with an accommodation letter from the Office of Disability Services. Students must provide this documentation to SSS before services are provided.)

PART 8: INCOME VERIFICATION: To be completed by parent or guardian.

1. Please indicate family/household annual **Taxable Income** from your 2020 tax return\$ _____

Taxable Income is found on Line 43 on a 1040 return and Line 27 on a 1040A return.

2. Number in household claimed on your last year IRS Income Tax Form (including yourself)

Of this number, how many are: Adults _____ Children _____ Other _____

Documentation of Low Income Eligibility (need at least one):

- Copy of your last year’s Income Tax Form. If you did not file federal income taxes, provide income verification from an appropriate government source.
- Verification of Financial Aid award letter if you receive a Pell Grant (our office can request this for you).
- Self-signed statement of low-income based on chart (see chart below) Note: This is only to be used for students with no other way of documenting their low income eligibility (e.g. did not file taxes, did not receive state assistance, and did not apply for financial aid).

I (parent or guardian), _____, certify that my taxable income for the previous year was below the qualifying income levels (**see chart below**).

I (parent or guardian) _____, certify that I do not qualify under the low income guidelines.

| Federal TRIO Programs 2022 Annual Low Income Levels (Effective January 13, 2022 Until Further Notice) | |
|---|---|
| Size of Family Unit | 48 Contiguous States, D.C., and Outlying Jurisdictions |
| 1 | 20,385 |
| 2 | 27,465 |
| 3 | 34,545 |
| 4 | 41,625 |
| 5 | 48,705 |
| 6 | 55,785 |
| 7 | 62,865 |
| 8 | 69,945 |

For family units with more than 8 members, add the following amount for each additional family member: \$7,080 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,520 for Alaska; and \$8,145 for Hawaii.

PART 11: PARTICIPANT AGREEMENT & RELEASE OF INFORMATION

As a participant in the Columbia State Community College TRiO Student Support Services Program, I am committed to my education. To gain the full benefits of the program, I will make a commitment to my academic goals and the assistance provided. I also understand the TRiO Student Support Services staff will review data from my application and interviews to assist in assessing my academic and career planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the TRiO Student Support Services Program staff permission to inquire about my class attendance, class work, and tutoring sessions and receive grade reports; and I give my instructors permission to release such information to TRiO Student Support Services staff when requested. Should I not meet the requirements and fulfill my academic goals, it may result in serious consequences regarding my continuation as a participant in the TRiO Student Support Services Program.

I authorize the TRiO Student Support Services Program staff to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in the program. I also grant permission to the ADA Office to release information to TRiO Student Support Services if I fall under the disability status. I understand that this information is used to help determine my eligibility for the program and will be kept strictly confidential. I grant permission for the TRiO Student Support Services Program to gather information for follow-up whenever appropriate, including, but not limited to, transfer and progress to four-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I also hereby authorize the use of my photographic image in any and all publications, such as the monthly newsletter, newspaper articles, and campus-wide e-mail notices. I authorize Columbia State Community College to use my name, photo, or information about me in promotion of the college through radio, television, or other printed materials. I understand that my picture could come from a digital image such as my file or from photos taken on various field trips and social events.

I am aware that personal information provided to the TRiO Student Support Services Program will be protected under the Federal Education Rights & Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for Columbia State Community College and TRiO Student Support Services Program.

PART 12: AFFIDAVIT OF TRUTH STATEMENT

The information provided on this form is, to the best of my knowledge, accurate and true.

Signature

Date

Student: _____

Parent (if student is under 18) _____

TRiO Program Director: _____

APPLICATION SUBMISSION

Submit this application to:
TRiO Student Support Services Program
Columbia State Community College
Lawrence Campus at the Southern Tennessee Higher Education Center Offices
or the TRiO office at the Finney Library at the Columbia Office
931-766-1494

Student will meet with a Trio staff to complete additional forms