Spartanburg Community College TRIO Student Support Services Program Application

TRIO Student Support Services (SSS) is a federally funded program of the U.S. Department of Education designed to assist students in achieving their educational goals. To qualify as an applicant, a student must be enrolled in an **associate degree program** at Spartanburg Community College and/or planning to transfer to a four year college or university. You must also meet at least one of the following requirements:

- * Be a first-generation college student (neither parent has a four-year college degree or the custodial parent in a single-parent family does not have a four-year college degree); OR
- * Meet U.S. Department of Education income levels (Currently reside in an economically disadvantage household); OR
- * Have a verified, documented disability.

Personal Data (Please Print)

| Name | ID# | | | | | |
|--|---------------------------------------|-----------------|---|------------------------------------|------------------|--|
| Address | | | | | | |
| | | | | Phone | | |
| Date of Birth | | | | | | |
| Gender:Mai | le Female | | | | | |
| Marital Status: | Married | _Single _ | Separated | Divorced | | |
| Ethnicity (please c | heck appropriate | ethnicity): _ | Hispanic or N | on-Hispanic | | |
| Race (please check | all that apply): _ African America | Ame | erican Indian or Al Native Hawaiian or | askan Native r Pacific Islander | Asian White | |
| | | | | College (SCC)? _ Yes (indicate | | |
| Have you previous | ly graduated with | n a certificate | , diploma, or degre | ee from SCC? | _Yes No | |
| Please indicate the Received hig Received GI | gh school diplom | a | _Received certific | y one): cate of completion of | | |
| Have you ever atte If yes, please indic | | | | No | | |
| Indicate award ear Bachelor | ned:No | award | Certificate | Diploma | Associates | |
| Are you a U.S. Cit | izen? Yes NoUns | No I | f "No", are a legal | resident eligible fo | r financial aid? | |

| Are you a Veter | ran? Yes _ | No | | | | | |
|-----------------------------------|-------------------------------|-------------------|-----------------|-----------------|---------------|-------------------------------|----|
| Has either of yo | our parents gradu | lated from a fou | r-year college | or university? | | | |
| Both | BothFatherMotherNeitherUnsure | | | | | | |
| Are you a stude <i>criteria</i>) | nt with a disabil | ity evidencing a | n academic ne | ed? Yes | No (On | ne of the eligibility | , |
| Are you register | r with SCC's Stu | udent Disability | Services? (Y/ | N) | | | |
| | be required to fi | ll out a Disabili | ty Verification | Form with TR | IO Student S | Support Services. 1 vices. | lf |
| What is your cu | irrent program o | f study at SCC? | | | | | |
| Are you conside | ering any other p | program of study | y?` | Yes | No | Unsure | |
| If yes, what othe | er programs of s | tudy are you co | nsidering? | | | | |
| What is your ac | ademic goal wh | ile attending SC | C? (Check onl | y one) | | | |
| | | | | | wo-year coll | ege | |
| To ear | n an associate's | degree | To earn a | n associate's d | legree AND | lege transfer to a 4 yea | r |
| | | 0 | college o | or university | e | 5 | |
| To Tra | nsfer to a 4-year | | U | • | sociate's deg | gree from SCC | |
| I am no | | | | | | | |
| Have you previe | ously participate | ed in other Feder | al Funded Edu | cational Progr | ams? | Yes No | |
| If yes, check wh | nich program: _ | Upward | Bound | | ch | | |
| Stud | lent Support Ser | vices | _EOC | Other | | | |

Household Income/Financial Aid (Verification of Income Purpose)

Please provide your family's size for persons living in the household and your family annual *taxable income* range (as on *1040 – Line 43, 1040A – Line 27, or 1040EZ – Line 6* Tax Return) for the most recent tax year. (You may be asked to provide your most recent tax return) *All information remains confidential.*

Size of Family (including yourself): (check one)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
|---------------------|-----------------------------|---|-----------------|--|------|--------|---|--|--|
| Income: (check one) | | Under \$19,140 \$19,141 - \$25,860 \$25,861 - \$32,580 \$32,581 - 39,300 | | \$39,301 - 46,020 \$46,021 - 52,740 \$52,741 - 59,460 \$59,461 - 66,180 | | | \$66,180 or higher Did not have to file a tax return | | |
| Taxable Fai | mily Income | Actual | Amount: _ | | | | | | |
| Are you rec | eiving finan | cial aid | or student | loans? | Yes | No | | | |
| | ate what typ Scholarship | e: | Work S Other | Study: | Pell | Grant: | _Loan | | |

Release of Information

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby authorize the release of my records in reference to academic transcripts, degree plans, personal assessment test scores, and other pertinent information related to my educational endeavors to the Spartanburg Community College TRIO Student Support Services Program and Staff.

I hereby authorize, TRIO Student Support Services Program and Staff to transmit and/or request any information about me for the purpose of assistance in verifying eligibility, determine appropriate services, and to track my academic progress from Admissions, Academic Affairs/Faculty, Student Records, and the Office of Financial Aid. Additionally, (if applicable), I authorize Spartanburg Community Student Disability Services to verify that I have provided documentation that registers me as a student with a disability.

I understand the above is necessary to establish my eligibility to receive services from the program. I understand the Department of Education requires the submission of TRIO Student Support Services participant's demographic, participation, and academic data. I also understand that completion of this application does not guarantee acceptance into the TRIO Student Support Services program.

I understand that I must cooperate and be an active participant by regularly attending TRIO Student Support Services sponsored activities and appointments required by the TRIO Student Support Services office. Furthermore, I understand that failure to perform according to the program's requirement will jeopardize my opportunities to received TRIO Student Support Services. These services include the following: (Personal and academic counseling and advising; Tutorial Assistance; Mentoring; Career Counseling and Assessment; Workshops on study skills, note taking skills, etc.; Assistance in securing admission to a four-college or university; and Cultural Enrichment and Educational Events).

My signature certifies that the information provided on this application is true and correct to the best of my knowledge. Also, I certify that all the information provided in the household income/financial aid section of this form is correct and true to the best of my knowledge. I also agree, (if requested) to provide documentation, including a copy of my (and/or parental) U.S. income tax return, to verify the accuracy of the information given.

Student's Signature

Social Security Number

Date

For Financial Aid Purposes: For Dependent Students under 25. Parent Signature Is Required:

Parent Signature

Date

Photo Release

Periodically, TRIO Student Support Service Department will use pictures of student participants in printed materials and/or the program's web page. I understand that such pictures will be used for the purpose of recognizing student accomplishments, documenting program events, and/or publicizing the program. I authorize Spartanburg Community College and TRIO Student Support Services to use and reproduce photography(s) of me for these purposes. I further give permission for TRIO Student Support Service to include my name in such publications.

- □ Yes, Spartanburg Community College TRIO SSS may take my photo and I give my permission for the duration that I am a participant in TRIO SSS. In giving this approval, I relinquish all rights to any advertising and/or marketing materials that may be produced containing my photograph.
- □ No, Spartanburg Community College TRIO SSS may not use my photo. By checking no, I understand that my photo will not be used in advertising and/or marketing materials.

Signature:

_Date:_____

Spartanburg Community College does not discriminate in admissions or employment on the basis of race, sex, national origin, or ethnic group, color, age, religion, disability or military service. In compliance with Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992, Spartanburg Community offers access and equal opportunity in its admissions policies, academic and student support programs and services, and employment of disabled individuals in that no otherwise qualified person will be denied these provisions on the basis of a disability. Mr. Ronald Jackson, Vice President of Student Affairs, has been designated to coordinate the compliance with the nondiscrimination requirements contained in section 35.107 of the Department of Justice regulations, section 504 and Title IX regulations. Information concerning the provisions of the Americans with Disabilities Act and the rights and privileges there under are available from the ADA/EEOC coordinator. He can be reached at Spartanburg Community College, PO Box 4386, Spartanburg, SC. 29303, (864) 592-4806.

*TRIO Student Support Services - A 100% Federally Funded Program

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