



2018-2019
Student Support Services
New Student Application



Email: trio@coconino.edu ♦ Telephone: (928) 226-4171 ♦ Fax: (928) 226-4103

Section 1: STUDENT INFORMATION

Student ID Number: @ _____ Comet ID: _____
 Last Name: _____ First Name: _____ M.I. _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____ Email: _____
 Date of birth: ____/____/____ Gender: Male Female No Response
 Marital Status: Single Married
 Ethnicity: *Do you identify as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race?* Yes or No
 Race (check all that apply): American Indian/Alaskan Native Asian Black/African American
 Hawaiian/Pacific Islander White Hispanic/Latino

Section 2: ELIGIBILITY CRITERIA

**Funding is provided by the US Department of Education and requires specific documentation for enrollment into the Student Support Services program. The information is protected by the Family Educational Rights and Privacy Act (FERPA).*

Student Residency Status*: Are you a: US Citizen or Permanent Resident

SOCIAL SECURITY NUMBER: (REQUIRED for verification of residency) [] - [] - []

Alien Registration Card Number: _____

Do you have a documented physical, mental or learning disability? Yes No
*(If yes, you will be require documentation on file at the Disability Resource office)***

Does your Mother/Legal Guardian of Student earn a 4-year degree from a college/university?
 Yes No If yes, what degree did they earn? _____ Don't Know

Does your Father/Legal Guardian of Student earn a 4-year degree from a college/university?
 Yes No If yes, what degree did they earn? _____ Don't Know

Section 3: FINANCIAL AID INFORMATION

Are you receiving federal financial aid (FAFSA)? Yes No
 If No, check the reason(s): Have not applied Was not eligible Other _____

Section 4: EDUCATION INFORMATION

Have you received your: High School Diploma or GED or Adult HS Diploma

Date Graduated: Month _____ Year _____ Cumulative GPA: _____

Have you previously attended college or taken college courses in high school? Yes No

If yes, at which institution? _____ If you did graduate, what was your degree? _____

Current Classification:

- Incoming Freshman Freshman (< 30 credits) Sophomore (30-60 credits)

Current Course Load:

- Full-time Student (12 credits +) Three Quarter-time Student (9-11 credits)
 Half-time Student (6-8 credits) Less Than Half-time (under 5 credits)

When was your first semester at Coconino Community College (CCC)? Month _____ Year _____

Number of course hours completed at CCC so far: _____ Cumulative GPA: _____

What are your academic goals?

- Transfer Credit Only Certificate Associate Degree Bachelor's Degree or higher Undecided

What would you like to major in? _____ Undecided

What is your career goal? _____ Undecided

Have you ever participated in other TRiO programs: Upward Bound, Educational Talent Search, or EOC?

If so, which program(s) _____

Section 5: ACADEMIC NEED (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Low high school grades or GPA | <input type="checkbox"/> High school diploma equivalency |
| <input type="checkbox"/> Placed into developmental courses | (GED or Adult High School Diploma) |
| <input type="checkbox"/> On academic probation or suspension | <input type="checkbox"/> Out of the academic environment 5+ years |
| <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Need for academic support to raise grade(s) |
| <input type="checkbox"/> I am a single parent | <input type="checkbox"/> Unsure of educational and/or career goals |

Section 6: STUDENT AUTHORIZATION

I understand the Coconino Community College (CCC) TRiO Student Support Program (SSS) is funded by the U.S. Department of Education. The program objectives are designed to encourage participants to maintain good academic standing as they persist from one academic year to the beginning of the next academic year or earn an Associate's degree/certificate and/or transfer to a 4-year institution within four years. **All information is strictly confidential and is used solely for the purpose of determining eligibility of students applying for participation. Students are accepted to the SSS program based on eligibility criteria, academic need and space availability.** All applications are accepted for review regardless of race, color, national origin, religion, gender, or disability (U.S. Dept. of Education-GEPA Section 427) **I certify that all of the information I have provided is true and accurate and complete to the best of my knowledge.**

I hereby authorize the CCC TRiO SSS program to obtain, copy, review, and discuss my student and financial records with the appropriate student services staff, faculty and college departments as pertinent to my participation in the program. I also give my permission to be interviewed and/or photographed by digital, still photo film, or video recorder by the TRiO SSS program for use on radio, TV, printed media, or in project documentation and promotional materials. My signature below indicates my commitment to the TRiO Student Support Services program.

Student Signature

Date

Parent/Legal Guardian Signature (if considered a dependent)

Date



**Student Support Services
Income Verification Form
Dependent Student**



The TRiO Student Support Services Program is funded by the U.S. Department of Education

To be completed by the Student's Parent/Legal Guardian:

Student's Name:	Student ID#: @
Name of Parent/Legal Guardian:	
Phone Number:	Email Address:
Number of people living in parent/legal guardian's household? _____	
What is the parent/legal guardian's <u>2017</u> TAXABLE* income? \$ _____ (Amount)	
<i>* This is NOT ADJUSTED GROSS INCOME and is listed on the 2nd page of most tax forms OR enter a \$0 if Parent/Legal Guardian did not file an Income Tax Return.</i>	

All of the information on this form is true and complete to the best of my knowledge.

Parent/Legal Guardian Signature

____/____/____
Date

DEPENDENT STUDENTS ONLY



**Student Support Services
Income Verification Form
Independent Student**



The TRiO Student Support Services Program is funded by the U.S. Department of Education

To be completed by the Student:

Student's Name:	Student ID#: _____ @ _____
Phone Number: _____	Email Address: _____
Number of people living in your household? _____	
What is your _____ 2017 TAXABLE* income? \$ _____ (Amount)	
<p><i>* This is NOT ADJUSTED GROSS INCOME and is listed on the 2nd page of most tax forms OR enter a \$0 if Parent/Legal Guardian did not file an Income Tax Return.</i></p>	

All of the information on this form is true and complete to the best of my knowledge.

Student's Signature

_____/_____/_____
Date

INDEPENDENT STUDENTS ONLY