



2020-2021  
TRIO Student Support Services  
New Student Application



Email: trio@coconino.edu ♦ Telephone: 928-226-4171

STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Student ID Number: @ \_\_\_\_\_ Comet ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal Sex:  Male  Female Preferred Pronoun(s): \_\_\_\_\_

Marital Status:  Single  Married

Race (check all that apply):  American Indian/Alaskan Native  Asian  Black/African American  
 Hawaiian/Pacific Islander  White  Hispanic/Latino

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

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 U.S. citizen, U.S. national, or U.S. permanent resident?  Yes  No

Social Security Number: (REQUIRED for verification of residency) \_\_\_\_\_

Are you registered with CCC's Disability Resources Office for a physical, mental, or learning disability?  Yes  No

Has either of your parents (natural or adoptive)/legal guardians received a bachelor's degree (4-year college degree)?  
 Yes  No  Don't Know

Were you in foster care at any time since you turned age 13?  Yes  No

EDUCATION INFORMATION

Have you received your:  High School Diploma or  GED High School GPA? \_\_\_\_\_

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

Did you graduate with an Associate Degree or higher?  Yes  No

What are your academic goals?  Certificate  Associate Degree  Bachelor's Degree or higher

What would you like to major in? \_\_\_\_\_

What is your career goal? \_\_\_\_\_

**ACADEMIC NEED (check all that apply)**

- Low high school grades or GPA
- Placed into developmental courses
- On academic probation or suspension
- Limited English proficiency
- I am a single parent
- GED
- Out of the academic environment 5+ years
- Need for academic support to raise grade(s)
- Unsure of educational and/or career goals

**INCOME VERIFICATION**

\*Verification requirements for TRIO vary depending on whether students are **independent** or **dependent**. A list of federal criteria for independent student status is available at: <https://studentaid.gov/fafsa>

**Information for the most recent tax year, 2019.**

I was an **independent student** (typically age 24 or older, married or emancipated; parental income is **not reported** on the FAFSA): complete and sign **Part A**.

I was a **dependent student** (younger than 24, unmarried/not emancipated; parent income **is reported** on FAFSA): parent/guardians must complete and sign **Part B**.

**Part A - Student  
Independent Student**

**Part B - Parent/Guardian  
Dependent Students Only**

Total Number of Exemptions\*:  
Number of people in household: \_\_\_\_\_

Total Number of Exemptions\*:  
or number of people in household: \_\_\_\_\_

Taxable or total Income ^: \$ \_\_\_\_\_

Taxable or total Income ^: \$ \_\_\_\_\_

\_\_\_\_\_  
Student Name (Print Please)

\_\_\_\_\_  
Parent/Guardian Name (Print Please)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*Exemptions: Forms 1040 or 1040A, line 6D. If taxes were not filed, report number of people in household.

^Taxable Income: Form 1040 line 43, or Form 1040 A line 27, or Form 1040 EZ line 6. If taxes were not filed, please report total income from all sources.

**STUDENT AUTHORIZATION**

I understand the Coconino Community College TRIO Student Support Services Program (SSS) is funded by the U.S. Department of Education. **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 CCC staff, faculty and college departments as pertinent to my participation in the program. I also give my permission to receive notifications from TRIO SSS via text messaging and to be interviewed and/or photographed by the TRIO SSS program for use on marketing/advertising and promotional materials. My signature below indicates my commitment to the TRIO Student Support Services program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**NOTE:** Electronic signatures require Adobe Reader or Adobe Acrobat. Adobe Reader can be downloaded for free from Adobe's website. Completed forms must be submitted through CCC's Secure Upload site.