## TRIO/STUDENT SUPPORT SERVICES Eligibility Application 2019-2020

## **BIOGRAPHICAL INFORMATION:**

			/ /		
Last Name	First Name	Middle Initial	Birth Date		Student ID #
Mailing Address -	– P.O. Box/House Numb	er/Street City	State	Zip Code	County
() () Home or Cell Phone # Alt. Phone		High	High School/Year Graduate		GED
Preferred E-Mail	Address:				
Are you a U.S. cit	tizen or Permanent Resid	lent? Yes No	Visa N	Number	
Gender: Male	FemaleOthe	r			
Ethnic Classificat	ion (for statistical purpos	ses only):			
Asian/Pacif	ndian/Alaskan Native fic Islanders one ethnic group		ck/African-Ame iite/Caucasian	erican	
Are you Hispanic	or Latino? Yes N	0			
	INFORMATION: birth or adoptive parent	s complete a Bachelor's	Degree? Yes o	or No	
Which of the follo	owing do you plan to con	nplete at Shawnee Comr	nunity College?		
Associate of App	(AA)Associate of lied Science (AAS) ted a 2-year degree? Yes	Certificate			
Do you have a do	cumented disability?	YesNo			
Have your submit	tted documentation to the	e Accessibility & Resour	ce Office at Sha	wnee College?	
YesNo		tification and Release of	Information		

The information on this form is confidential and will help determine eligibility for SSS. I declare that the information given here is true and correct to the best of my knowledge. I authorize Student Support Services access to my student records, including academic records and financial awards and any other information pertaining to my enrollment in SSS. Additionally, if I transfer to another institution, I authorize SSS to contact said institution and/or the *National Student Clearinghouse* for follow-up information.

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	Director Signature	Date				
Office Use Only: FG/LI FG D	D/LI					
Acceptance Date: Semester:						
Classification: 1 <sup>st</sup> year never attended 1 <sup>st</sup> year attended before (below 30 hours) 2 <sup>nd</sup> year (30 plus hours)						
Dual Credit/ Escrow: Yes No						
Current Cumulative GPA						