

TRIO/STUDENT SUPPORT SERVICES
Eligibility Application

BIOGRAPHICAL INFORMATION:

_____/_____/_____
Last Name First Name Middle Initial Birth Date Student ID #

Mailing Address – P.O. Box/House Number/Street City State Zip Code County

(____)_____
Home or Cell Phone # Alt. Phone High School/Year Graduate GED

Preferred E-Mail Address: _____

Are you a U.S. citizen or Permanent Resident? Yes _____ No _____ Visa Number _____

Gender: Male _____ Female _____ Other _____

Ethnic Classification (for statistical purposes only):

____ American Indian/Alaskan Native _____ Black/African-American
____ Asian/Pacific Islanders _____ White/Caucasian
____ More than one ethnic group

Are you Hispanic or Latino? Yes _____ No _____

EDUCATIONAL INFORMATION:

Did either of your birth or adoptive parents complete a Bachelor's Degree? Yes or No

Which of the following do you plan to complete at Shawnee Community College?

Associate of Arts (AA) _____ Associate of Science (AS) _____
Associate of Applied Science (AAS) _____ Certificate _____ Major: _____
Have you completed a 2-year degree? Yes _____ No _____ If yes, _____

Do you have a documented disability? Yes _____ No _____

Have you submitted documentation to the Accessibility & Resource Office at Shawnee College?

Yes _____ No _____ N/A _____

Certification 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.

Student Signature Date Advisor Signature Date
SSS-Form 1
Revised 7/18/19

TRIO/STUDENT SUPPORT SERVICES

Eligibility Application

2019-2020

Director Signature

Date

Office Use Only: FG/LI ___ LI ___ FG ___ D ___ D/LI ___

Acceptance Date: _____ Semester: _____

Classification: 1st year never attended _____ 1st year attended before (below 30 hours) _____ 2nd year (30 plus hours) _____

Dual Credit/ Escrow: Yes _____ No _____

Current Cumulative GPA _____