

Application to participate in:



Student Support Services (SSS) is a federally funded TRIO grant program through Title IV (TRIO) of the U.S. Department of Education. SSS provides academic and personal support services to eligible students in an effort to assist them to successfully complete their education and achieve their personal and career goals. SSS offers a wide variety of services and activities designed to meet the individual needs of each student. All TRIO services are FREE to those who qualify. Any SUNY Orange County Community College (OCCC) student may apply to participate in TRIO. **Information obtained from this form is used only by SSS and kept strictly confidential.** It does not in any way affect your admission or eligibility to participate in other services and activities offered by the college.

Name: _____ Date of Birth: _____
Last First Middle Initial

SSN: _____ Student ID #: A _____ Sex: Male Female

U.S. Citizen: Yes No Permanent Resident: Yes No

Ethnicity: (We are required to report this information. Your response does not affect eligibility for program services.)
- Please check one -

White African-American Hispanic/Latino Asian Native Hawaiian/Pacific Native American

Address: _____
Street/PO Box City State Zip Code

Home Phone: (____) _____ Personal Cell: (____) _____

Email: _____ Other: _____

How did you hear about TRIO SSS? _____

Marital Status: Single Married Divorced Widowed Veteran Status: Yes No

Educational Background: Less than high school diploma High school diploma H.S.E. Some college

Attended other college or university _____

First Generation:

Has your mother **completed** a bachelor's degree or higher? Yes No

Has your father **completed** a bachelor's degree or higher? Yes No

Verification Information:

Employed? No Yes – Where _____

Check the amount below which best matches your current household's level of taxable income: *(To select an amount, please refer to tax forms 1040EZ-line 6, 1040A-line 26, or 1040-line 43 ** leave blank if unknown**)*

- | | | |
|--|--|--|
| <input type="checkbox"/> 0 – \$17,820 | <input type="checkbox"/> \$17,821 – \$24,030 | <input type="checkbox"/> \$24,031 – \$30,240 |
| <input type="checkbox"/> \$30,241 – \$36,450 | <input type="checkbox"/> \$36,451 – \$42,660 | <input type="checkbox"/> \$42,661 – \$48,870 |
| <input type="checkbox"/> \$48,871 – \$55,095 | <input type="checkbox"/> \$55,096 – \$61,335 | <input type="checkbox"/> Over \$61,335 |

Total number in your household: _____

Disability: **Please note this section is VOLUNTARY and not required to submit the application. Please check the box to acknowledge you understand this information is not required**

[Voluntary] Do you have any type of disability (i.e. physical, medical, psychological, learning, attention deficit) or were you ever in a special education program in school? Yes No

[Voluntary] Are you aware we have an Office of Accommodative Services on the 3rd floor of the Shepard Center? Yes No

I certify that the above information is true and correct to the best of my knowledge. In addition, everything mentioned in this application packet—(all forms) are verified by this signature. I hereby authorize Student Support Services to obtain all academic and financial information necessary to determine my eligibility.

Applicant Signature: _____

Date: _____

OCCC is an equal opportunity/affirmative action institution.

OFFICE USE ONLY:	Date Application Received: _____
	Eligibility requirements met: First Generation / Income / Disability
Reason Accepted _____	Student Accepted <input type="radio"/> Yes <input type="radio"/> No Date: _____ Staff Initials _____
	APR # _____