

Student Support Services (SSS) is a federally funded TRIO program that serves to increase the retention and graduation rates of its participants. Services include academic guidance, tutoring, mentoring, and cultural/educational events. The mission of SSS is to facilitate a climate of supportive academic success and personal enrichment through proactive and individual services available to the student from their first semester through graduation.

Student Information

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Name of college attending (if applicable): _____ Student ID: _____

Social security number: _____ Date of birth: _____

Gender: Female Male Are you **Hispanic** or **Latino**? YES NO

Race (Please check all boxes that describe you):

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

U.S. Citizenship

Are you a U.S. citizen?

- YES
 NO, but I am a Permanent Resident.
 NO; I **am not** a U.S. citizen, and I **am not** a permanent resident.

My Permanent Resident Alien Number is: **A** _____

Parental Information

- a.** Has your mother received/earned a 4-year college degree? YES NO
- b.** Has your father received/earned a 4-year college degree? YES NO
- c.** Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)?
- Both Mother and Father Mother only
 Neither Mother nor Father Father only

Personal Information

- a. Are you married? YES NO
- b. Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? YES NO
- c. At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court? YES NO
- d. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian? YES NO
- e. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? YES NO
- f. Are you a U.S. Armed Forces veteran who was on active duty and was released under a condition other than dishonorable? YES NO
- g. After graduation are you planning to attend a 4-year university? YES NO
- h. Are you less than 18 years of age and have no parent or guardian? YES NO
- i. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk of becoming homeless? YES NO

Family Information

You must answer the following questions **about yourself** if you are **at least 24 years old** or you answered YES to any question in STEP 5. **Your parent(s)** must answer the following questions **about themselves** if you are **less than 24 years old** and you answered NO to all questions in STEP 5.

- a. What is the total **number of persons** (including you) **in your family**? ____
- b. What was your **family's taxable (not total)** income from the last calendar year? (Please select only one. Then, provide the requested income information.)
- My family's **taxable (not total)** income from the last calendar year was: \$ _____
Note: Taxable income can be found on the federal income tax return.
On IRS Form 1040 see line 43.
On IRS Form 1040A, see line 27.
On IRS Form 1040EZ, see line 6.
- My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: \$ _____
- My family had no taxable income during the last calendar year.

Signature

Please read the following statement and then sign and date below it. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student's official academic records to the TRIO Student Support Services (SSS) project at Del Mar College, understanding that the information in these records will be used only to assess the student's need for TRIO program services, discern the student's educational progress, evaluate the effectiveness of TRIO program activities, and fulfill TRIO program-reporting requirements. Finally, I authorize this SSS project to use the student's name, statements and likeness, without charge, for promotional purposes in the project's publications, advertising, video, and other formats.

Student's Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

The **20** ____ federal TRIO programs annual low-income level for a family unit with ____ members is: \$ _____

Coordinator (Print name): _____

Recommended Approval

Not Recommended.

Reason: _____

Advisor Signature: _____ Date: _____

Director (Print name): _____

Recommended Approval

Not Recommended.

Reason: _____

Director Signature: _____ Date: _____

P.I. or P.I. Designee (Print name): _____

Recommended Approval

Not Recommended.

Reason: _____

P.I. or P.I. Designee Signature: _____ Date: _____

Date of Application Entry into Database: _____ Initials of Data Entry Staff: _____

Eligibility: LI & FG LI **ONLY** FG **ONLY** DI **ONLY** LI & DI

Notes: A determination of independence based on YES responses to question 5h or 5i must be supported by an attached statement that is completed and signed by a LEA liaison, RHYA director/designee, or ESG director/designee.

If the applicant is a college student for whom a financial aid administrator has made a documented determination of independence, a statement **from** a financial aid administrator must be signed and attached.(cf., §1087vv(d))

If the applicant is a dependent college student and no parent signature appears on this document, parent-income information from another source must be attached for any determination of LI status to be valid (§1070a-11 (e)(1)(B-D)).