TRiO
Student Support Services
APPLICATION

The TRiO Student Support Services Program is federally funded by the U.S. Department of Education. Our mission is to promote the retention, graduation and transfer of college students. **All services are provided at no cost to qualifying students.**

Students who desire to participate in the program's activities must meet certain requirements established by the Department of Education (Higher Education Act of 1965). By completing this form, we will be able to accurately determine your eligibility and collect statistical data required by law. **Return completed application to: Manzanita building, room 212**, or return by mail, fax, or scan/email. Columbatrio@yosemite.edu

Please ask a staff member if you need assistance filling out this form or call our offices at **209-588-5066**. Applications are collected year-round and processed as we have openings in the program. You will receive an email and/or phone call to schedule the next step in the eligibility intake and enrollment process.

PLEASE PRINT CLEARLY. All information will be kept confidential.

Contact Information

Name: **Student ID (W#):**

(Last)   (First)   (Middle Initial)

Date of Birth: **Age:**   **SS#:**

Mailing Address:

Number and street   City   State   Zip

Student E-mail: @my.yosemite.edu

Personal email:

Home phone: **Cell:**

How did you learn about this program?

Demographic Information (Required for federally funded grants; *statistical use only, NOT used for eligibility.*)

Gender: (check one)   Female   Male   **Marital Status:**   Single   Married   Divorced   Widowed

Ethnicity: *According to federal definitions*

1) **Hispanic   YES   NO** (You MUST check one)

2) Then check as many Races as you identify as from the list provided.

❑ American Indian/ Alaskan Native
Tribal affiliation: _____
❑ Asian (Including: India, Pakistan, Philippine Islands)
❑ Black/ African American (Including: Haiti)

❑ Native Hawaiian/ Pacific Islander (Including: Guam, Samoa)
❑ White (Including: Middle East, North African)
❑ Other: _____

Educational Information (All questions must be completed.)

Year of high school graduation: *or* **Year of GED:**

How many college units have you completed to date?

How many units are you enrolled in this semester?   **Current GPA:**

Other Colleges/Universities attended (names/dates):

Has your mother received a Bachelor degree? (Check one)	Y N	Has your father received a Bachelor degree?	Y N

Do you have a need for academic support? (low test scores, low GPA, falling behind, no major or career goal, etc.)	❑ Yes	❑ No	❑ Unsure

What are your educational goals (check ALL that apply)?

2-year degree (AA/AS) or certificate   Transfer to 4-year college/university   Undecided

Are you currently a participant of any other programs on campus (check all that apply)?

DSPS (Disabled student services)	EOPS/CARE (Extended Opportunity Program and Services)	CalWORKS (State of CA program)	VETERAN Benefits/Services	PHOENIX SCHOLARS (former or current Foster Youth)

Eligibility Questions

Are you a U.S. Citizen? ☐ Yes ☐ No
     o   **If not, are you a permanent resident?** ☐ Yes ☐ No

Do you have a verifiable learning disability? ☐ **Yes** ☐ **No**
* If yes, you will need to submit documentation from DSPS office.
Describe your disability: (optional)
_____

Are you eligible for any financial aid? ☐ Yes ☐ No ☐ Unsure

Financial Aid & Yearly Income Total (All questions must be completed.)

Important- You must check ONE

Are you a Dependent student? ☐

OR

Are you an Independent student? ☐

This question is the same as FAFSA. If you are Dependent you MUST have a parent's help completing this section and they must sign the application.

When did you last apply for financial aid (thru FAFSA or the financial aid office on campus)?
*(list the most recent date you submitted all documents OR write **"none"** if no FAFSA completed)*

What type of financial aid are you receiving? (check all that apply or check "none")

Pell Grant	Work Study	Fee Waiver	None

What is the TOTAL number of persons in your family (claimed in household for taxes)? ☐☐

Select ONE of the following boxes to document your family's **TAXABLE income:** (This is NOT the same amout as on the FAFSA and can be found on line 10 of the 1040 tax form)

☐ **My family's *TAXABLE* income from the last calendar year was:** $ ☐☐☐ , ☐☐☐

(Note: Your TAXABLE income can be found on the federal income tax return you/your family filed for the **previous calendar year.** Each type of IRS form will have a separate line for "Total Taxable Income", do not confuse it with your total wages or your adjusted gross income.)

☐ **I attest that my family did not file a Federal Income Tax Return for the last calendar year. Therefore, I attest my family's income was:** $ ☐☐☐ , ☐☐☐

☐ **I attest that my family had no taxable income for the last calendar year.**

Read, Sign and Date.

I verify that the information on this form is correct and complete. **I understand that my acceptance to the Student Support Services Program depends on the accuracy of my answers.** I authorize the TRiO Student Support Services Program of Columbia College to access my transcripts, financial aid awards, transfer information, and disability verification pertinent to my future educational performance. All information will be kept confidential.

_____   _____
Student Signature   **Date**

_____   _____
Parent/Guardian Signature   **Date**
(**required for all "dependent" students under 24 years of age**)

Submit application to the TRiO Student Support Services located in Manzanita 212. ph.209-588-5066