



TRIO

STUDENT SUPPORT SERVICES

STAFF USE
APPROVED: _____
DISAPPROVED: _____
DATE: _____
INITIALS: _____

PROGRAM ELIGIBILITY

Student Support Services is a federally funded program that provides holistic support to a limited number of students meeting grant guidelines. To be eligible for program acceptance, you will need to demonstrate an academic need and provide the following documents: Your 1040 Income tax form or if you are under 24 years of age, your parent's 1040. Acceptance of this (SSS) application does not guarantee acceptance into the program.

DO YOU HAVE AN ASSOCIATES DEGREE OR HIGHER? YES NO
DID EITHER PARENT GRADUATE WITH A 4 YR DEGREE OR HIGHER? YES NO
IF UNDER 24 YRS, YOUR PARENT'S TAXABLE ANNUAL INCOME ON MOST RECENT TAX RETURN. \$ _____
IF YOU ARE 24 YRS OR OLDER YOUR TAXABLE ANNUAL INCOME ON MOST RECENT TAX RETURN. \$ _____

PERSONAL INFORMATION

NAME: _____ PSC ID # _____
CELL/HOME # _____ MAY WE TEXT YOU? YES NO
ADDRESS: _____ D.O.B. _____
CITY: _____ STATE: _____ ZIP: _____
PSC EMAIL: _____ @students.pensacolastate.edu
MARITAL STATUS: _____

DEMOGRAPHIC DATA

PLACE OF EMPLOYMENT: _____ HRS. WORK PER WEEK _____
PLEASE CHECK ALL THAT APPLY: HOMELESS FOSTER CARE ACTIVE MILITARY VETERAN

ETHNICITY/RACE (PLEASE SELECT ALL THAT APPLY)

Hispanic/Latino Yes No
 American Indian/Alaskan Native White Black/African American Hawaiian/Islander Asian
US CITIZEN? YES NO PERMANENT RESIDENT? YES NO RA# _____
IS ENGLISH YOUR FIRST LANGUAGE? YES NO IF NOT, WHAT IS YOUR FIRST LANGUAGE? _____

PRIOR TRIO PARTICIPATION- CHECK ALL THAT APPLY

Educational Talent Search Educational Opportunity Center Student Support Services
 Veteran's Upward Bound Veteran's Student Support Services

ACADEMIC NEED

WHAT DEGREE ARE YOU PURSUING? _____
HOW DID YOU HEAR ABOUT SSS? _____

PHYSICAL/LEARNING DISABILITY:

Do you have a physical/learning disability which may require special accommodations for you to succeed academically and you would like to voluntarily give information for purposes of coordinating with The Student Resource Center for American Disabilities Act (ADA) Services? Yes No

SERVICES REQUESTED—CHECK ALL THAT APPLY:

- Academic Advising Career Counseling College Success Skill Training Tutoring Mentoring
Financial Aid Information Peer Counseling Personal Counseling Transfer Counseling

STUDENT RELEASE—CONFIDENTIALITY—RELEASE OF INFORMATION:

All information provided is kept confidential and is shared among the SSS staff and other college officials only on a need-to-know basis. The following limits to confidentiality apply: when child/elder abuse is disclosed, when a threat to self or others is disclosed, or when records are legally subpoenaed.

Affidavit/Release of Information: I certify that the information I have provided on this application is, to the best of my knowledge, complete and accurate. I hereby authorize the Student Support Services program and all other appropriate college departments, including Financial Aid, to share academic and financial aid records that will help in assessing my academic and career planning needs. I understand, in order to confirm or facilitate transfer and graduation, my information may be shared by or with other postsecondary institutions or organizations, such as the National Student Clearinghouse. I also authorize the SSS to print my name and photograph, as appropriate, in articles in the SSS newsletter and promotional materials. SSS Staff may text message me. I understand that I am responsible for any charges from my carrier. Standard text rates may apply. You have the opportunity to opt out upon receipt of initial text.

STUDENT SIGNATURE: _____ **DATE:** _____

In accordance with the Privacy Act of 1974 (Public Law No.93-579, u.s.c.552a), you are hereby notified that the Department Of Education is authorized to collect information to implement the SSS program under Title IV of the Higher Ed Act of 1965, as amended (Pub.Law 102-325. Sec/4-02D). In accordance with this authority, the Dpt. receives and maintains personal information on participants in the SSS program. The principal purpose for collecting this info is to administer the program, including tracking and evaluating participant progress. Providing the info on this form is voluntary. The information that is collected will be retained in the program files and may be released to other department officials in the performance of their official duties. PSC does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, disability, sexual orientation or genetic info in its educational programs, activities or employment. For inquiries regarding nondiscrimination policies, contact the Associate Vice President of Institutional Diversity at (850) 484-1759, PSC, 1000 College Blvd., Pensacola, FL 32504. PSC is an affirmative action/equal opportunity institution.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

F _____
L _____
D _____
FL _____
DL _____

Major _____
CE _____
GPA _____
SAP _____
ADA _____

FA _____
Award _____
Fam.# _____
Income _____

Notes:

