

APPLICATION INSTRUCTIONS

TRiO Student Support Services is a federally funded program through the U.S. Department of Education. To determine your qualifications for this program, please complete this application in its entirety using **BLUE** or **BLACK INK**. The information you provide is strictly confidential. Only completed applications will be accepted and does not guarantee admission to the program. Students deemed eligible will be contacted by staff to complete the admission process.

BEFORE RETURNING YOUR APPLICATION TO THE PROGRAM, MAKE SURE YOU HAVE THE FOLLOWING:

- Completed SSS Application & Needs Assessment Survey Signed copy of the 2015 Federal Tax Return
 Current Class Schedule (printed copy) OR Federal Tax Return Transcript

DEMOGRAPHIC INFORMATION

Date of Birth:	STUDENT ID NUMBER:		
Full Name:			
Last	First	M.I.	Maiden
Address:			
Street or P.O. Box	City	State	Zip
Home Phone:		Cell Phone:	
NCSC Student E-mail Address:			@ncstudent.net

Check all that apply to you:

- | | | | |
|--|---|---------------------------------|--|
| <u>Race/Ethnicity:</u> | <u>Marital Status:</u> | <u>Gender:</u> | <u>Citizenship:</u> |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Single (never married) | <input type="checkbox"/> Male | <input type="checkbox"/> U.S. Citizen |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Married | <input type="checkbox"/> Female | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Divorced | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> Separated | | <i>(if applicable, please provide a copy of your I-90 card.)</i> |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Widowed | | |
- Are you Hispanic/Latino? Yes No

Do you speak English as a Second Language (ESOL)? Yes No
If yes, primary language spoken: _____

ACADEMIC INFORMATION

Student Classification:

<input type="checkbox"/> New Student (no college courses)	<input type="checkbox"/> Solutions
<input type="checkbox"/> Continuing Student (some college courses)	<input type="checkbox"/> Success Unlimited
<input type="checkbox"/> Second Year Student (at least half of your credits completed)	<input type="checkbox"/> Directions
<input type="checkbox"/> Transfer Student (credit transferred from another college)	<input type="checkbox"/> Probationary

<u>Highest Level of Education:</u>	<u>Educational Goals:</u>
<input type="checkbox"/> High School Diploma (Year: _____)	<input type="checkbox"/> Certificate
<input type="checkbox"/> GED (Year: _____)	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Transfer to a 4-year college/university
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> None of the above

Major: <input type="checkbox"/> Undecided	Cumulative GPA: <input type="checkbox"/> N/A (new student)
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Anticipated attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Expected NCSC Graduation Date:
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Are you planning to **transfer** to a **four-year college or university**?:

Yes, AFTER graduating from NCSC
 Yes, BEFORE graduating from NCSC
 No Unsure at this time

Have you previously participated in a TRiO program? Yes (Where?: _____) No

PROGRAM ELIGIBILITY

- Has either of your parents graduated from a 4-year college or university (Bachelor's Degree)? Yes No
Do you have a documented physical, mental, or learning disability? Yes No
If yes, are you registered with NCSC's Office of Specialized Supportive Services? Yes No
Do you currently have an Associate's or Bachelor's degree? Yes No

The federal government uses the following criteria to determine **INDEPENDENT** student status. Please check **all** that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> 24 years of age or older (before December 31 of this year) | <input type="checkbox"/> Married |
| <input type="checkbox"/> Have dependent child(ren) | <input type="checkbox"/> Currently Homeless |
| <input type="checkbox"/> Emancipated Minor or in legal guardianship | <input type="checkbox"/> Foster Youth |
| <input type="checkbox"/> Active in U.S. Armed Forces | <input type="checkbox"/> Military Veteran |

If you DID NOT CHECK any of the above, you are considered a DEPENDENT student and must submit your parents or guardians signed Federal Income Tax Return for 2015. Otherwise, you are considered an INDEPENDENT student and must submit your signed Federal Income Tax Return for 2015.

FINANCIAL ELIGIBILITY

TAXABLE INCOME: It is very important you indicate **TAXABLE INCOME** and not total income or adjusted gross income. The best source for this information is your **2015 Federal Income Tax Return**. Taxable income is reported on: **line 43 of form 1040; line 27 of 1040A; or line 6 of 1040EZ.** (If you do not have a copy of your Federal Income Tax Return, visit <http://www.irs.gov/Individuals/Get-Transcript> where you can obtain a copy of your Tax Transcript online – NOTE: You will need to create an account on that website)

If you did not file a 2015 Federal Income Tax Return, please provide a copy of your 2016 – 2017 Student Aid Report.

FAMILY SIZE: If you live with your parents, include them, yourself, siblings, and any other person supported by your parents. If you are independent, include yourself, spouse, children, and any other person supported by you.

Who claimed you for income tax purposes for 2015? parent self Did not file/No taxable income in 2015

Your family's taxable income for 2015:

(This is NOT adjusted gross income or total income)

Family size reported:

(# in household including self)

Financial Aid Status: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Applied for financial aid | <input type="checkbox"/> Approved for financial aid | <input type="checkbox"/> Not approved for financial aid |
| <input type="checkbox"/> Did not apply/not eligible | <input type="checkbox"/> Tuition Freedom Scholarship | <input type="checkbox"/> On financial aid warning or suspension |

Check agencies which provide services to you and/or assistance you receive:

- | | | |
|---|---|--|
| <input type="checkbox"/> Ohio Rehabilitation Services | <input type="checkbox"/> Social Security / Disability | <input type="checkbox"/> Veterans' Administration |
| <input type="checkbox"/> Job & Family Services | <input type="checkbox"/> Subsidized Housing/Metro | <input type="checkbox"/> WIA |
| <input type="checkbox"/> Children Services | <input type="checkbox"/> OWF / TANF | <input type="checkbox"/> NCSC's Child Development Center |
| <input type="checkbox"/> VOA | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other: |

How did you learn about TRIO Student Support Services?

- | | | |
|--|--|--|
| <input type="checkbox"/> NCSC Staff/Faculty: _____ | <input type="checkbox"/> DRM/TV Screen | <input type="checkbox"/> TRIO Student: _____ |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> NCSC Website | <input type="checkbox"/> Other: _____ |

Please check the box below indicating you have read and understand the following GEPA Statement.

"It is the policy of North Central State College not to discriminate on the basis of sex, race, age, creed, religion, national origin, disability status, veteran status or sexual orientation in its educational programs, activities or employment practices."

I certify the information I provided on this application is, to the best of my knowledge, true and accurate. By applying to this program, I authorize TRIO Student Support Services to access information pertinent to my participation from other NCSC departments. Also, I recognize that completing this application does not guarantee my admission to the program.

Student Signature: _____ Date: _____
(Parent signature is not needed if the student is independent.)

Parent or Guardian Signature: _____ Date: _____

Print Parent or Guardian Name: _____

Needs Assessment Survey

As a student, I want to: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Improve general study habits | <input type="checkbox"/> Improve math skills | <input type="checkbox"/> Improve spelling |
| <input type="checkbox"/> Improve note taking skills | <input type="checkbox"/> Improve vocabulary | <input type="checkbox"/> Reduce math/test anxiety |
| <input type="checkbox"/> Improve time management skills | <input type="checkbox"/> Improve test taking skills | <input type="checkbox"/> Develop a plan for college courses |
| <input type="checkbox"/> Increase college reading speed | <input type="checkbox"/> Enhance memory | <input type="checkbox"/> Make good career decisions |
| <input type="checkbox"/> Improve college reading comprehension | <input type="checkbox"/> Improve grade point average | <input type="checkbox"/> Receive transfer assistance |

Please check any of the following items which describe you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Out of school too long | <input type="checkbox"/> Difficulty meeting deadlines | <input type="checkbox"/> Panic during tests |
| <input type="checkbox"/> Afraid of failing in college | <input type="checkbox"/> Unsure of college procedures | <input type="checkbox"/> Few computer skills |
| <input type="checkbox"/> Difficulty finding child care | <input type="checkbox"/> Difficulty participating in discussions | <input type="checkbox"/> Limited experience with Internet |
| <input type="checkbox"/> Afraid I might not fit in at NCSC | <input type="checkbox"/> Difficulty with public speaking | <input type="checkbox"/> Difficulty managing money |
| <input type="checkbox"/> Difficulty meeting new people | <input type="checkbox"/> Difficulty with organizing/prioritizing | <input type="checkbox"/> May need personal counseling |
| <input type="checkbox"/> Not prepared for course level | <input type="checkbox"/> Unable to understand course content | <input type="checkbox"/> Conflict with professor |
| <input type="checkbox"/> Registered for too many classes | <input type="checkbox"/> Changed major one or more times | <input type="checkbox"/> Working too much during week |

What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Poor study habits | <input type="checkbox"/> Bad grades | <input type="checkbox"/> Family medical problems |
| <input type="checkbox"/> Lack of money | <input type="checkbox"/> Take things too seriously | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Taking the wrong classes | <input type="checkbox"/> Problems at home | <input type="checkbox"/> No close friends at NCSC |
| <input type="checkbox"/> Always feeling tired | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Recurring health concerns | <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> Too shy |
| <input type="checkbox"/> Alcohol and/or drug problems | <input type="checkbox"/> Feeling depressed or sad | <input type="checkbox"/> Always worrying |
| <input type="checkbox"/> No support from family/friends | <input type="checkbox"/> Dealing with bills | <input type="checkbox"/> Test anxiety |

My most important areas which I will need assistance are: (Check all that apply)

- | | | | |
|--|--|--|---|
| Financial: | Personal Issues: | Transfer to a 4-year Institution: | Career: |
| <input type="checkbox"/> Personal Budget | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Search Process | <input type="checkbox"/> Interviewing |
| <input type="checkbox"/> FAFSA | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Application Process | <input type="checkbox"/> Resume/Cover Letter |
| <input type="checkbox"/> Grants/Scholarships | <input type="checkbox"/> Relationships | <input type="checkbox"/> Funding | <input type="checkbox"/> Job Searching |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Planning | <input type="checkbox"/> Co-op/Internship |
| | <input type="checkbox"/> Depression | <input type="checkbox"/> Transcripts | <input type="checkbox"/> Leadership Development |
| Academic: | <input type="checkbox"/> Motivation | | <input type="checkbox"/> Goals/Decision-Making |
| <input type="checkbox"/> Course Selection | <input type="checkbox"/> Exploring Diversity | | |
| <input type="checkbox"/> Selecting a Major | <input type="checkbox"/> Time Management | | |
| <input type="checkbox"/> Practicum | <input type="checkbox"/> Organization/Prioritization | | |

My skills in each of the areas below are: (Check the appropriate box)

	Excellent	Above Average	Average	Fair	Poor
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe a personal strength which you feel will help you be successful as a student:

After graduation from North Central State College, I plan to: