

# Hartnell Community College

## TRIO Student Support Services Program

<u>Part I: Personal Information</u>	<u>Part II: Applicant Data</u>
<p>Name: Last: _____ First: _____ MI: _____</p> <p>Student ID: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone #: _____ Cell: _____</p> <p>Primary e-mail: _____</p> <p>Gender: Female Male</p> <p>Ethnicity: Native American Asian or Pacific Islander Black Hispanic White Other</p> <p>Residency Status: U.S. Citizen <b>Not a U.S. Citizen</b> Permanent Resident #: _____ Social Security Number: _____</p>	<p>Status: Continuing First time Student First time transfer Returning Student</p> <p>Educational Goal: Associate degree Vocational/Certificate Program Unknown</p> <p>Major(s): _____ _____</p> <p>Current GPA (if applicable): _____</p> <p>Are you planning to transfer to a University? Yes No</p> <p><u>If yes:</u> Name of University(s): _____ _____</p>

### Part III: Eligibility

1. **Have either of your parents graduated from a four-year university in the U.S?**  
 Mother: Yes No If yes, where? \_\_\_\_\_  
 Father: Yes No If yes, where? \_\_\_\_\_
  
2. **Do you need any supportive services for disability or special education background?** Yes No If yes, please explain:  
 \_\_\_\_\_

### 2006 Income Information Verification

*Statement of Confidentiality:* the information contained in the application is for the purpose of determining the applicant's eligibility for the Student Support Services Program. Information received is treated confidentially.

**3. You are considered:** Independent (please fill out the following section yourself and sign below) or  
 Dependent (Your parent/legal guardian will need to fill out the following section and sign below)

**Please mark one of the following and sign below:**  
 I certify that my taxable income met the income criteria for 2006  
 I certify that I did not file Income Tax for 2006 my income is  
 Nontaxable and comes from the following sources: (please circle)  
 Veteran's Benefits TANF Social Security  
 Retirement Benefits Other (please explain) \_\_\_\_\_  
**\*Amount Received:** \_\_\_\_\_

I certify that my taxable income does not meet the income criteria shown  
 for 2006.  
 Although my family did not meet the criteria shown below for 2006,  
 My current family circumstances have changed. (Please attach a letter if necessary)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If dependent, must be signed by a parent or legal guardian)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions
1	\$14,700
2	\$19,800
3	\$24,900
4	\$30,000
5	\$35,100
6	\$40,200
7	\$45,300
8	\$50,400

**Part IV: Records Release Form**

I, \_\_\_\_\_ give permission to the Student Support Services Program to secure the necessary information for my participation in the program and success at Hartnell College, (e.g. financial data, test scores, college and high school transcripts, and grade reports) from the following offices: Admissions and Records, Financial Aid office, Disabled Students Programs and Services and/or other academic departments.

If selected as a participant, I will participate fully in the program and I authorize the Student Support Services Program to release to faculty and staff any information pertinent to my success at Hartnell College and my participation in this program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part V: SSSP Needs Assessment**

**1. Previous participation from the following programs** (*check all that applies*)

GEAR UP      EOPS/CARE      UPWARD BOUND      Disabled Student Programs and Services  
CAMP

If so, when? \_\_\_\_\_ At which institutions? \_\_\_\_\_

**2. Is English your first language?** Yes No

If no, what language(s) do you most frequently use? \_\_\_\_\_

**3. Educational Goals:** \_\_\_\_\_

**4. Career Goals:** \_\_\_\_\_

**5. Activities involved in or plan to participate in:** \_\_\_\_\_

**6. Planned date of graduation:** \_\_\_\_\_

**7. How can we help you complete your degree/certificate? (check all that apply)**

**I certify that to the best of my knowledge all information provided in this application is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please turn in your application and all required documents to:

TRIO Student Support Services Office  
156 Homestead Avenue, Annex 113  
Salinas, CA 93901