

Application for Student Support Services/TRiO



Office C 143
One College Park
Decatur, IL 62521
(217) 875-7211, Ext. 440



RCC ID#

Name _____
Last First Middle Maiden

Address _____
Street or P.O. Box

City State Zip

Home Phone _____ Cell Phone () _____

RCC Email _____

Birth Date _____ Age _____ Hours worked per week _____

Employer _____ Phone () _____

Address _____

Name, address, and phone of someone who will always know how to reach you.

Name _____ Phone () _____

Address _____

Check all that apply:

Ethnic Background:

- Native American/Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander
- More than one race

Marital Status

- Single
- Married
- Divorced
- Separated

Gender

- Male
- Female

Citizenship

- US Citizen
- Other

Your Classification:

- __ Continuing Freshman
- __ New Freshman
- __ Sophomore

Highest Level of Education:

- __ High school diploma (yr. _____)
- __ GED (yr. _____)
- __ Associates Degree
- __ Bachelors Degree

Educational Goals:

- __ Certificate
- __ AAS
- __ AA or AS
- __ Transfer to 4-year school

Major (Course of Study): _____

What are your career goals? _____

Attendance: Full Time _____ Part time _____ When do you plan to finish at RCC? _____

Planning to Transfer? Yes _____ No _____ Where? _____

Check agency listed which provides services to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Office of Rehabilitation/DORS | <input type="checkbox"/> Social Security/Disability | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> WIS |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> AFDC/TANF | <input type="checkbox"/> Other |
| <input type="checkbox"/> Faculty Advising | <input type="checkbox"/> Perkins | |

Program Eligibility

Have either of your parents graduated from a 4-year college or university? Yes _____ No _____

A disability is defined under federal law as one of the criteria that may make a student eligible to receive the services of SSS/TRiO.

Do you believe you may be eligible to participate in the program due to a disability? Yes _____ No _____
(Documentation MUST be supplied to the TRiO office. If you have documentation on file with the Learning Accommodation Services Office and would like for us to verify your eligibility, please notify the program staff.)

Income Information: Applicant *MUST*** supply income documentation with this application**

Please check all that apply to you:

- | | | |
|-------------------------------|---------------------------------|-----------------------------|
| _____ Married | _____ 24 years of age or older | _____ Ward of the Court |
| _____ Have dependent children | _____ Both parents are deceased | _____ Armed Service Veteran |

If you checked none of the above, you are considered a dependent student and must submit your parent's or guardian's income documentation.

The federal government requires that SSS/TRiO have on file documentation of taxable income, such as federal tax form, for all students admitted to the SSS/TRiO program; therefore, we ask that you provide documentation of income when you return this form. Please call (217 875-7211, Ext. 440, for alternative procedure if federal tax form is unavailable.

Financial Aid Status: (Check all that apply)

- | | |
|----------------------------------|--|
| _____ Applied for Financial Aid | _____ Have not heard from Financial Aid |
| _____ Approved for Financial Aid | _____ On Financial Aid probation or suspension |
| _____ Did not apply | _____ Not approved for Financial Aid |

I certify that the information I have provided on this application is, to the best of my knowledge, true and correct. Furthermore, I understand that by applying for this program, I authorize the Student Support Services/TRiO Program to obtain records or data pertinent to my participation from other sources, and to release information as required by law of the terms of the Student Support Services/TRiO grant to the grant-funding agency of the federal government.

Signature _____ Date _____

Who or what encouraged you to apply to the TRiO Program?

- | | |
|--|---|
| <input type="checkbox"/> RCC Staff/Faculty _____ | <input type="checkbox"/> TRiO Student _____ |
| <input type="checkbox"/> Mailing _____ | <input type="checkbox"/> Other _____ |

TRiO Mission Statement

The Student Support Services/TRiO program provides and coordinates a variety of educational support services to students who are first generation, who meet federal low-income guidelines, and/or students with disabilities. The purpose of the program is to increase college retention, graduation, and transfer rates for eligible participants.

Richland Core Values: Commitment -- Respect -- Excellence -- Accountability -- Diversity

Needs Assessment Survey

Please check all that apply to you:

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

Check any of the following items which describe you:

- | | |
|--|---|
| <input type="checkbox"/> Out of school too long | <input type="checkbox"/> My family doesn't understand college demands |
| <input type="checkbox"/> Afraid of failing in college | <input type="checkbox"/> Unsure of college procedures |
| <input type="checkbox"/> Difficulty finding child care | <input type="checkbox"/> Difficulty participating in discussions |
| <input type="checkbox"/> Afraid I might not fit in at Richland | <input type="checkbox"/> Little or no experience on the internet |
| <input type="checkbox"/> Difficulty meeting new people | <input type="checkbox"/> Difficulty managing money |
| <input type="checkbox"/> Panic during tests | <input type="checkbox"/> Difficulty meeting deadlines |
| <input type="checkbox"/> Lacking computer skills | <input type="checkbox"/> May need academic support |

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

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

Express your feelings about the following subjects in one or two sentences:

Math _____

Reading _____

Writing _____

For Office Use Only

Date Received _____
By _____

Advisor _____
Appt. Date _____
Time _____

FG LI DI LIFG DILI

ACT Composite: _____

English Placement:
Score _____ Date _____
Class _____

Reading Placement:
Score _____ Date _____
Class _____

Eligible for Eng. 101 _____

College Level Math:
Score _____ Date _____
Class _____

Elementary Algebra:
Score _____ Date _____
Class _____

Arithmetic:
Score _____ Date _____
Class _____

Prev. Session GPA _____
Cum. Hours _____
Cum. GPA _____

Comments