

Application for Student Support Services/TRIO



Office C 143
One College Park
Decatur, IL 62521
217/875-7211, ext. 440



- -
Social Security Number

RCC ID#

Name _____
Last First Middle Maiden

Address _____
Street or P.O. Box

City State Zip

Home Phone () _____ Cell Phone () _____

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

Course of Study: _____

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

Planning to Transfer? Yes _____ No _____ Where? _____

What are your career goals? _____

Check agency listed which provides services to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Office of Rehabilitation | <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"/> Options/Opportunities | |
| <input type="checkbox"/> Tech Prep | | |

Program Eligibility

- Have either of your parents graduated from a 4-year college or university? Yes _____ No _____
- Do you believe you might be eligible for SSS by virtue of a disability? Yes _____ No _____

(Having a disability, as defined under federal law, is one of the criteria that may make a student eligible to receive the services of SSS/TRIO. Documentation MUST be supplied to the TRIO office.)

• **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 or Student Aid Report from FAFSA, 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 or SAR 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 or 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, students who meet federal low-income guidelines, and/or students with disabilities. The purpose of the program is to increase college retention and graduation and transfer rates for eligible participants.

Commitment – Respect – Excellence – Accountability – Diversity

Needs Assessment Survey

Please check all needs 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"/> Few computer skills | <input type="checkbox"/> May need personal counseling |

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

- | | |
|--|---|
| <input type="checkbox"/> Poor study habits | <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 _____

Documents

	Needed	On File
Own	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>

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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: