



TRiO Student Support Services  
Pellissippi State Community College  
www.pstcc.edu/departments/trio

### Participant Application

Please complete all questions using a pen. Incomplete applications will not be accepted.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Telephone 1 ( ) \_\_\_\_\_ Telephone 2 ( ) \_\_\_\_\_

Predominant Ethnic Background: \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ White/Caucasian  
\_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Black/African-American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Mixed Races

**Eligibility Criteria: Funding is provided by the U.S. Department of Education and requires specific documentation for enrollment in the TRiO Student Support Services program.**

A. **Citizenship Status:** Are you a U.S. citizen or permanent resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. **First-Generation Status (parent/guardian's educational level):**  
Mother/Guardian has a four-year college degree. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Father/Guardian has a four-year college degree. \_\_\_\_\_ Yes \_\_\_\_\_ No

C. **Income Status:** Do your parents/guardians claim you as a dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you receive a Pell Grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your taxable family income for the last calendar year? \_\_\_\_\_

Please complete the attached worksheet and include and include documentation: a copy of your taxes from last year OR a copy of your FAFSA submitted to PSTCC with this application.

How many people are in your household including yourself? \_\_\_\_\_

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Gender	CY	Race/Ethnicity	Eligibility	Academic Need
1 2	_____	1 2 3 4 5 6 7 8	1 2 3 4 5	1 2 5 6 7 8 9 10 11 12 13 14 15
Date Accepted	_____/_____/_____	Signature of Director/Designee _____		

**D. Disability status:**

Do you have a documented disability that requires academic support?  Yes  No

Please explain \_\_\_\_\_

Are you registered with Services for Students With Disabilities at Pellissippi State?  Yes  No

*Note: Disability status must be verified with documentation from SSWD.*

**Please answer the following questions:**

**A.** Have you previously earned a college degree?  Yes  No

If yes, degree earned \_\_\_\_\_ Date \_\_\_\_\_

Have you ever attended college?  Yes  No

If yes, where? \_\_\_\_\_ From (semester/year) \_\_\_\_\_ to \_\_\_\_\_

**B.** Have you completed the FAFSA?  Yes  No

**C.** What was your first school enrollment date at Pellissippi State? \_\_\_\_\_

(MM-DD-CCYY)

What is your current classification?

Freshman, first time  Freshman, continuing  Sophomore  Not sure

**D.** Did you graduate from high school?  Yes  No

If yes, what school? \_\_\_\_\_ Year of graduation \_\_\_\_\_ GPA \_\_\_\_\_

If no, did you receive a GED?  Yes  No Year \_\_\_\_\_

**E.** Are you qualified for academic support by one of the following?

ACT scores below 19  GPA below 2.0  Placed in developmental classes

**F.** If you have been required to take developmental classes, please check which ones:

DSPM (Math)  DSPR (Reading)  DSPW (Writing)

**G.** Do you have limited English proficiency?  Yes  No

**H.** Have you chosen a major?  Yes  No If yes, what? \_\_\_\_\_

Do you plan to transfer?  Yes  No If yes, where? \_\_\_\_\_

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Please provide the name of a person the program may contact to obtain information about you if you leave the program and/or the College.

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

# Individual Academic Plan

Please check the items that are of interest to you:

## Incoming student survey

- Personality/learning styles/skill assessments
- Choosing a major or a career
- Peer tutoring
- Assistance with financial aid
- Transfer assistance to a four-year school
- Equipment checkout (TI-83 calculators, recorders)
- Textbook checkout

## Cultural events

- Theatre
- Music events
- Festivals
- Local events
- Comedies
- Speakers

## Success seminars

- Listening and note-taking techniques
- Time management
- Test taking and test anxiety
- Stress management
- Financial aid
- Using technology
- Health and wellness
- Budgeting/managing finances

# Student Commitment and Certification

By signing below I agree to participate as an active member by

- Developing an education plan with a TRIO/SSS staff member.
- Attending at least three activities each semester.
- Completing early assessment forms by the deadline every semester.
- Maintaining contact at least once a month with TRIO/SSS staff.

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Name (Please print)

Date

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Signature\*

SSN or student ID

\*By signing I also certify that all information on this application and on the supporting documentation is true and correct to the best of my knowledge. I understand that the information will be used for statistical purposes in the Annual Performance Report required by the U.S. Department of Education.

# TRIO Student Support Services Taxable Income Worksheet

This worksheet will determine your income status and should be filled out **prior** to completing the TRIO/Student Support Services Membership Application. Supporting documentation (income tax returns or documentation of government assistance) must be attached.

Do your parents/guardians claim you as an exemption on their income tax return?  Y  N

If yes, family income is based on parental income and supporting documentation must be provided by your parents/guardians.

2. What is your marital status?  Married  Not married/single

If married, family income is based on you and your spouse. Both must provide supporting documentation.

Did you file federal income taxes last calendar year?  Y  N

A. If yes, please state your family's total taxable income and the number of exemptions.

Taxable income \$ \_\_\_\_\_

(Taxable income is listed on line 41 on Form 1040; line 27 on Form 1040A, or line 6 on 1040EZ).

Exemptions \_\_\_\_\_

(Exemptions are found on line 6d for on Form 1040 and 1040A. For Form 1040EZ, use 1 or 2 if single or married with no dependents).

B. If no, please provide income verification from one of the following government sources:

SSI/SSDI benefits

AFCD/ADC from Department of Human Services

VA benefits

Workmen's compensation

Proof of child support

Unemployment benefits

Other

Taxable income \$ \_\_\_\_\_

Number of household members \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Release of Financial Aid Information

*I authorize the Financial Aid Office at Pellissippi State Community College to release the financial needs analysis and other financial aid information needed to certify my eligibility to participate in the Student Support Services Program.*

Student Signature	Date
Print Name	P Number

### (Information below to be provided by the Office of Financial Aid)

The total established need for this student is \_\_\_\_\_

The official confidential statement housed in the Financial Aid office shows the family taxable (line 33-1040) annual income and family size for the student as:

\$ \_\_\_\_\_ and \_\_\_\_\_  
(income) (family size)

Amount contributed by family \_\_\_\_\_

Additional sources of Financial Assistance

Federal Pell Grant (PELL) \_\_\_\_\_

Federal Supplemental Educational  
Opportunity Grant (SEOG) \_\_\_\_\_

Tennessee Student Assistance Award (TSAA) \_\_\_\_\_

Trio Fund \_\_\_\_\_

Other Scholarships and Grants \_\_\_\_\_

Vocational Rehabilitation \_\_\_\_\_

Total Scholarships and Grants \_\_\_\_\_

Student Loan \_\_\_\_\_

Student work-study \_\_\_\_\_

(Name) \_\_\_\_\_  
meets the financial aid guidelines for participation in the Student Support Services Program

\_\_\_\_\_  
Signature-Office of Financial Aid

\_\_\_\_\_  
Date

# Waiver of Confidentiality and Authorization of Release

I agree to waive my rights for confidentiality under the Family Educational Rights and Privacy Act (Buckley Amendment) and permit the staff of TRIO Student Support Services to have access to my term grades and other academic-related information.

I understand that this information will be held in strict confidence and used only

1. To provide a basis for helping in my academic development.
2. To verify data and provide information for periodic performance reporting as required by the U.S. Department of Education.

I give my permission to the staff of Services for Students With Disabilities to verify whether I have a documented disability and have completed all necessary paperwork. I also give permission to the Financial Aid Office to verify financial status and aid received.

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ P Number \_\_\_\_\_

Please return this form to TRiO, ERC 218.

## OFFICE USE ONLY

\_\_\_\_ Registered with SSWD

\_\_\_\_\_ SSWD Date

\_\_\_\_ Not registered with SSWD

\_\_\_\_\_ SSWD Initials