

TRiO Application

TRiO

Academic Support Services

TRiO is a federal Department of Education program that provides funding for Academic Support Services to support eligible JSC students. By filling out this application and becoming a part of TRiO you can help yourself succeed in college and help us continue to provide support services to other JSC students. As a participant, you will have priority access to the services of Academic Support. Other benefits include mentoring, grant funding, laptop and equipment loans, use of office computers/printers and tickets to many of JSC's events. If you have questions, please call (802) 635-1259 or stop by our office in Dewey Room 114.

Name _____ SSN _____
Last First MI

Male _____ Female _____ Date of Birth ____/____/____

Ethnic Origin ___Am. Indian ___Asian ___Black ___Hispanic/Latino ___White ___Other _____

Permanent Address

Street # _____ City/St./Zip _____

Home Phone() _____ Cell Phone () _____

Email _____ JSC Email _____

JSC Box No. _____ Dorm Phone _____

What is the best way to contact you? _____

TRiO Status (Answer all that apply)

Is this your first time applying for TRiO services? ___No ___Yes If no, where was that service. _____

Major _____ Academic Advisor _____

The semester I began or will begin at JSC. ___Spring ___Fall ___Summer ___ Year 20___

Eligibility Criteria

I. Parent/Guardian Educational Information

Father's Education (circle highest level achieved)

- A. No high school B. High school graduate C. Some college D. Bachelor's degree

Mother's Education (circle highest level achieved)

- A. No high school B. High school graduate C. Some college D. Bachelor's degree

I live with ___Both parents ___Father ___Mother ___Independent

II. Income Status

Financial Information

I have applied for financial aid ___ Yes ___ No If yes, date applied _____

I am currently receiving a Pell Grant _____ Yes _____ No

Family Size* # _____

- *If you are dependent, include parent(s), siblings and yourself
- *If you are independent, include yourself, children and/or spouse.
- *Independent status will be verified through the Financial Aid Office

Taxable Income* reported to IRS \$ _____ Form _____ Year _____
(You will find your taxable income if using Form 1040 on line 43)

- *If you are dependent, use your parent's tax return.
- *If you are independent, use your own tax return.
- *Include a copy of the tax form with this application.

III. Student with a Disability Students who have a disability, as defined by Section 504/ADA, may be eligible for participation in TRiO Student Support Services as a result of the educational needs stemming from that disability.

Do you have a disability? _____ Yes _____ No

A disability may include but not be limited to any of the following. Please check appropriate category below. You must provide documentation according to JSC guidelines to verify your specific disability. Guidelines www.jsc.vsc.edu/studentlife/841.html

_____ LD (learning disability) _____ M (motor impairment) _____ CP (cerebral palsy) _____ E/S (epilepsy/seizures/stroke)
_____ PE (psych/emotional) _____ V (blind/visual impairment) _____ H (deaf/hearing impairment) _____ PD (physical disability)
_____ O (other) specify _____ AD/HD (attention deficit/hyperactivity disorder)

If LD, the date of your latest test/evaluation is _____

IV. Citizenship I am a U.S. Citizen _____ Yes _____ No If no, a copy of my Green Card is attached.

Affidavit, Confidentiality and Student Signature

Important TRiO handles student information confidentially, and it will be used by TRiO to assist in verifying your program eligibility to the Federal Government and/or providing you academic/personal services. Your signature below verifies the data requested and verifies your full agreement/understanding of this application.

1. I authorize TRiO to obtain disability data, obtain financial aid documents, verify citizenship and verify my academic standing (when necessary) to either provide or initiate Student Support Services for me.
2. I give Johnson State College TRiO permission to track or correspond with me for five years after I leave the TRiO Program, in the interest of better serving future students and in keeping with TRiO policy.
3. I certify that the information I've given is correct to the best of my knowledge. I understand that if any of this information is found to be false, my eligibility for Student Support Services will be jeopardized, and I may be held accountable to repay money for services I've received.

Applicant Signature _____ Parent Signature _____
(required if student is under 18)

Date _____