



TRiO/Student Support Services (SSS) Application



The TRiO Student Support Services Program at Seward County Community College is an academic assistance program funded by the U.S. Department of Education. All students selected for the program must be U.S. Citizens or permanent residents that demonstrate an academic need AND are one of the following: first-generation, low-income, and/or students with a disability. These students will be offered academic development opportunities, assistance with meeting basic college requirements, and support to motivate them towards the successful completion of their postsecondary education. It is expected that program participants meet with their TRiO/SSS advisor and engage in a program activity at least 2 times a semester. Fields with an * are required fields. Incomplete applications will not be accepted. All information will be kept confidential in accordance with the Federal Educational Rights and Privacy Act (FERPA).

***Name** (First, Middle Initial, Last): _____ ***800#:** _____

Mailing Address: _____ ***Date of Birth:** _____

City _____ **Gender:** _____

State, Zip _____ **Home Phone:** _____

***SCCC Email:** _____ ***Cell Phone:** _____

Personal Email: _____ ***Can we text you?** Yes No

***Which is the best way to reach you:** Phone Call Text Message Mail SCCC Email Personal Email

***Ethnicity:** Hispanic – Cuban, Mexican, Puerto-Rican, or from South or Central America

***Race** (Please check all that apply): American Indian or Alaska Native Asian Black or African American

Hawaiian Native/Pacific Islander White

***Are you a U.S. Citizen?** Yes No Permanent Resident Please provide your A#:

***High School Graduate** Yes No GED **Graduation Year or Last Grade Completed:** _____

Name of High School or GED Center: _____ **City:** _____ **State, Zip:** _____

Have you attended a college other than SCCC/ATS? Yes No If yes, where? _____

***What is your career/degree goal at SCCC/ATS?** _____ Undecided

***Do you plan to transfer to a four-year institution?** Yes No If yes, where? _____

Are you homeless? Yes No **Are you in foster care?** Yes No

Are you a U.S. Veteran? Yes No **Currently enlisted?** Yes No

***Do you live with your parent(s)?** Yes No

Do you live in a single parent household? Yes No If yes, which parent? _____

***Do you live with a guardian?** Yes No **Did you live with a guardian before the age of 18?** Yes No

***Does your mother have a 4-year college degree?** Yes No ***Does your father have a 4-year college degree?** Yes No

Are you married? Yes No **Do you have children?** Yes No

***Do you have a documented disability?** Yes No What disability? _____

***If receiving assistance or accommodation, is it documented with SCCC/ATS Disability Services Coordinator?** Yes No

***What TRiO/SSS services are you interested in? (Please check all that apply)**

<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Career Advising	<input type="checkbox"/> Cultural Events	<input type="checkbox"/> Financial Aid Assistance
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Job Seeking/Resume/ Interview	<input type="checkbox"/> Laptop/Calculator Loan	<input type="checkbox"/> MyCampusPortal Assistance
<input type="checkbox"/> Personal Counseling	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Transfer Assistance	<input type="checkbox"/> Test Taking
<input type="checkbox"/> Time Management	<input type="checkbox"/> Writing Skills	<input type="checkbox"/> Other	<input type="checkbox"/> Tutoring

Please list subjects you need help with: _____

****This form contains confidential information.** Access to this form by anyone other than the intended is unauthorized. If you are not the intended recipient (or responsible for delivery of the form to such person) you may not use, copy, distribute or deliver to anyone this form or any parts of its content. If you have received this form in error, please notify TRiO immediately and delete this application from any device. Our program cannot accept responsibility for any loss or damage arising from the misuse of this e-mail or attachment.



Income Verification Form

Table with 2 columns: INDEPENDENT STUDENT and DEPENDENT STUDENT. It lists criteria for each student type and instructions on which tax information to use for the form.

*Name on Taxes (Student's name if Independent OR Parent's name for Dependent Students):

*First Name: _____ *Last Name: _____

*Number of people living in the household: _____

*If you don't live with your parents, but you are a Dependent Student and are using your parent's tax information, include yourself as a member of the household.

*2021 TAXABLE INCOME: _____ (NOT Adjusted Gross Income AGI.)

TAXABLE INCOME can be found on the copies of 2021 tax return, FORM 1040 – Line 10.

An example copy of a tax return is provided below.

My signature below verifies that all the information provided on this application is true and accurate to the best of my knowledge. I also give authorization for TRiO/SSS to obtain and review any academic and financial documents needed to complete the application process.

*Student or Parent(s) Signature: _____ Date: _____

Please complete, print and mail to or drop off at TRiO Office.

You may also Fax with a Confidential Cover Page to 620-417-1079. Attention: TRiO Dept.

If you have any questions, contact: Libby Garcia at 620-417-1606 or libby.garcia@sccc.edu