



Seward County Community College ♦ Area Technical School
TRiO/Student Support Services Application



SSS is a federally funded TRiO Program under the US Dept. of Education that aids students in graduating from college. We are currently funded at \$231,103 to serve 160 students annually. Please complete **all sections** to determine your eligibility. Incomplete applications will not be considered. The information you provide is strictly CONFIDENTIAL. Completion of this application does not guarantee acceptance into the program.

PERSONAL/DEMOGRAPHIC INFORMATION:

Name: _____ ID#: 800 _____ SS#: ____/____/____
 (First Middle Last)
 Date of Birth: ____/____/____ Gender: Male Female Marital Status: Single Married Divorced/Separated
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 If living in SCCC/ATS housing, list which dorm and room number: _____
 SCCC/ATS E-Mail Address: _____@g.sccc.edu (Your e-address is your first name. last name)
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 What is your preferred method of contact? Facebook Text Message Cell Phone Campus Email Snail Mail
 Emergency Contact: _____ Relationship: _____ Phone: (____) _____ - _____

ETHNICITY:

- American Indian or Alaska Native Asian Black or African-American Native Hawaiian/Pacific Islander
- White/Caucasian Two or More Races Race and Ethnicity Unknown
- Hispanic/Latino/Latina (check box if you are a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin)

CITIZENSHIP STATUS: U.S. Citizen **or** Permanent Resident Alien # _____

INCOME STATUS: Are you receiving Financial Aid? Yes No Number of people (including you) in household: _____
 Do you live with your parents? Yes No Are you married? Yes No Do you have any children? Yes No
 Are you a Veteran? Yes No Since 13 years of age, were you an orphan, in foster care, or a ward of the court? Yes No
 Are you homeless? Yes No

FIRST GENERATION COLLEGE STATUS:

Did your mother complete a 4 year college degree? Yes No Did your father complete a 4 year college degree? Yes No
 If you had a court-appointed legal guardian before you were 18; did they complete a 4 year college degree? Yes No

DISABILITY STATUS: Do you have a documented disability? Yes No

If yes, are you receiving assistance/accommodations from the Disability Services Coordinator, Celeste Donovan? Yes No

EDUCATIONAL INFORMATION:

Did you graduate from High School? Yes Graduation Year: _____ No Last Grade Completed: _____
 Name of High School: _____ City & State of High School: _____
 GED – Year Received: _____ City & State where GED was attained: _____
 If you attended Liberal High School, were you an AVID participant? Yes No
 Have you attended a college other than SCCC/ATS? Yes No If yes, where? _____
 How many college credits have you completed so far? 0 1-12 13-30 31 or more What is your current GPA: _____
 What is your Career/Degree goal at SCCC/ATS? _____
 Do you plan to transfer to a four-year institution? No Yes If yes, where? _____

I certify that all the information on this form is true and accurate to the best of my knowledge. I also authorize the SCCC/ATS TRiO/SSS program permission to obtain and review and academic and financial documents needed to complete the application process.

Applicant's Signature _____ **Date** _____