

OFFICE USE ONLY
DEGREE _____
FLAG _____

Redlands Community College **TRIO STUDENT SUPPORT SERVICES**

Name: _____ Student ID#: _____
Last First MI
Sex: M ___ F ___ Birth Date: ___/___/___ Social Security #: _____ (Required)
Mailing Address: _____
Number/Street/Apt # City State Zip
Home Address: _____
Home Phone#: (_____) _____ - _____ Cell Phone (_____) _____ - _____
Home Email: _____ School Email _____
X the appropriate category: White non-Hispanic ___; American Indian or Alaskan Native ___;
Black non-Hispanic ___; Hispanic ___; Asian or Pacific Islander ___; Other _____

1. Are you a **U.S. Citizen**? Yes ___; No ___ Type of Verification: _____
2. Are you applying for Financial Aid (FAFSA)? Yes ___; No ___
 - a. If **YES** to question 2, will you be eligible for a Pell Grant? Yes ___; No ___
 - b. If **YES** to question 2, were you required to put your parent(s) information on the FAFSA? Yes ___; No ___
If you answered **YES**, how many people are in your parent or parents' household (including you)? _____
(Please, submit copies of your parent's most recent income taxes)
If you answered **NO**, how many people are in your household (including you)? _____
(Please, submit copies of your most recent income taxes)
3. Did **EITHER** of your parents graduate from a 4-year college/university? Yes ___; No ___
 - a. If **YES**, from what school? _____
4. Have you participated in: (Check ALL that apply)
___ Upward Bound; ___ Upward Bound Math & Science; ___ Veterans Upward Bound
___ Talent Search; ___ Educational Opportunity Center; ___ Student Support Services
5. Do you have any professionally diagnosed physical or learning accommodation needs? ___ Yes; ___ No
 - a. If **YES**, briefly explain: _____
6. Do you plan to transfer to another school? ___ Yes; ___ No If yes, which one(s)? _____
7. Are you currently in:
Foster Care ___ Yes; ___ No
Homeless ___ Yes; ___ No

PARTICIPANT CERTIFICATION AND CONTRACT AGREEMENT

I CERTIFY that the information I HAVE provided in applying to Trio Student Support Services is true and correct to the best of my knowledge. I GIVE Trio SSS my permission to receive copies of my educational records and other materials necessary for participation in the Trio SSS in accordance with the Privacy Act of 1974, all my records will be kept in confidence. I also give permission to have any photos taken used for Trio SSS Web site, recruiting materials, and other project related activities. I ACKNOWLEDGE that I HAVE discussed the ACADEMIC PLAN OF ACTION with Trio SSS Staff and I REALIZE that it is subject to revision. I HAVE RECEIVED information on financial aid and I WILL PARTICIPATE in recommended Project services and activities that will support increased success in college and improve my transferability. I AGREE to make regular contact with a Trio SSS Staff Person.

PARTICIPANT SIGNATURE

DATE

←←←PLEASE CONTINUE TO THE BACK PAGE OF THIS APPLICATION→→→

ACADEMIC PLAN OF ACTION

As a Project Participant I would like to take advantage of the following: (Check ALL that apply.)

LEVEL I: Trio SSS Basic Skills Courses and SSS College Courses:

- Orientation to College Developmental Math
 College Level Math College Transfer
 Psychology Seminars (Stress Management, Self-Esteem, Parenting)

Trio SSS Tutoring and Counseling and Mentors:

- Tutorial Assistance Personal Counseling Mentors

LEVEL II: Trio SSS Assistance, Advisement, Activities, and Counseling Opportunities:

- Academic Advisement Academic Counseling
 Career Assessment & Counseling Transfer Assistance
 Transfer Trips Cultural Activities

LEVEL III: Trio SSS Workshops and Seminars:

- ADD & ADHD Drugs & Alcohol
 Communication with Instructors Couples Communication
 Exploring Educational Alternatives Financial Aid/Money Management
 Human Sexuality/HIV Learning Skills/Study Skills
 Math Learning/Study Skills Parenting Skills
 Personal Growth & Relationships Stress & Anxiety Management
 Test Anxiety & Test Taking Writing & Reading Skill
 Other: _____