Redlands Community College  
STUDENT SUPPORT SERVICES  
Supplemental Grant Aid Award

The Redlands Community College Trio Student Support Services “Supplemental Grant Aid Award Program” is designed to provide supplemental financial support to selected Program Participants who need additional financial assistance. This aid will be in addition to any financial aid awards they may be entitled to receive. These awards may not replace any other financial assistance. This Program is currently funded by Federal Department of Education Title IV TRIO PR/Award N#: P042A050818.

Awards will consist of: A payment from $500.00 to $1,000.00 a semester for each of the two Award Year semesters.

This award is intended to be substantial enough to assist the most deserving Program Participants address their immediate needs. It is hoped that this additional assistance will also serve to prevent the need for these students to take out additional academic loans.

Active Program Participants with demonstrated success will be eligible to apply for this Supplemental Grant Aid Award.

Up to five (5) recipients will be chosen using the following criteria: Recipients must:
1. Be low-income, first generation,
2. Be currently receiving a full Pell Grant,
3. Be successful, continuing Trio SSS Participants,
4. Be active Participants in Program activities and services,
5. Be enrolled in at least 12 credit hours per semester,
6. Show documented progress towards graduation and/or transfer, and
7. At the time of selection for this award, evidence additional financial need.

Program staff will review the applications and verify the required criteria before making recommendations to the Program Director for selection.

Stipend checks will be available after mid-term grade reports. To remain eligible to receive the Fall or Spring Semester grant aid checks the Participant must remain enrolled and in good academic standing. Recipients may be eligible for this award for more than one academic year, but may not receive it for more than two academic years.

If, for any reason, a recipient is not eligible for the second semester award, another student will be selected, to receive the remaining award using the above criteria.

First time Applicants fall or spring: Your application will be incomplete if all requirements are not attached from the check list. REAPPLYING APPLICANTS FOR SPRING: ALL YOU NEED TO TURN IN IS THE APPLICATION AND COUNSELOR COPY OF A TRANSCRIPT. IF YOU HAVE QUESTIONS WITH AN APPLICATION YOU HAVE TURNED IN FROM FALL PLEASE COME BY OUR OFFICE.

Watch for Fall and Spring announcements for this application. Due date will be on the Application for each Semester.

Check List:

___ Application
___ Copy of Financial Aid Award Letter
___ Copy of Tax Return (Your return or Parents if dependent)
___ Counselor Copy of Transcript (from Registrar Office)
___ Vendor Form Completed
Supplemental Grant Aid Award Application
REDLANDS COMMUNITY COLLEGE
Trio Student Support Services
A Title IV TRiO Program

DUE BY OCTOBER 19, 2016
(Turn into the Trio SSS Administrative Assistant)

A completed application with all required documentation should be received by the Trio SSS Office in order to be considered. Applicants will be notified by email as to their award status after the application review and selection.

Name ____________________________________________ Student ID # ________________
Last        First        Middle

Address ------------------------------------ ---- ------------------------------------------
Street/PO Box          City          State          Zip

Phone ___________________________ e-mail Address ____________________________

Are you a First-Generation College Student?          ___ Yes ___ No
Are you a documented Low Income College Student?        ___ Yes ___ No
Are you currently receiving a Full Pell Grant?          ___ Yes ___ No
Are you enrolled in 12 hours or more this semester?    ___ Yes ___ No

What is your current GPA? _____ How many college hours have you completed? _____

What Trio SSS program activities are you currently involved in (classes, workshops, tutoring, advising, etc)?

________________________________________________________________________________________

What Trio SSS have you been involved in?

________________________________________________________________________________________

What other campus activities are you currently involved in (clubs, associations, etc)?

________________________________________________________________________________________

Please explain your current additional financial need as completely as possible and include any information that you would like to support your application: Please use back of page if need more room.

________________________________________________________________________________________

________________________________________________________________________________________

How will receiving this Award support your progress towards graduation and transfer?

________________________________________________________________________________________

________________________________________________________________________________________

What other information would you like the Program to consider in making award decisions?

________________________________________________________________________________________
I, ___________________________ certify that the attached information is accurate to the best of my knowledge.

Participant Signature ___________________________ Date: ___________________________

For additional information on scholarships, federal and state assistance programs, and other types of financial support available through Redlands Community College, contact the Office of Financial Aid, (405) 422-1417, or e-mail at financialaid@redlandscc.edu. For information about Foundation Scholarships, contact the Redlands Community College Foundation at (405) 422-1490.

Redlands Community College does not discriminate on the basis of age, race, creed, color, religion, sex, national origin or disability in regard to its decisions on admissions, scholarships, financial aid, or retention of students.

"Redlands Community College provides a learner-centered environment committed to academic excellence strengthened through service and civic engagement."
The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file. The form must be signed to be valid. This form should not be used to establish Garnishment Vendors or State Employee Vendors.

**AGENCY SECTION**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>REDLANDS COMMUNITY COLLEGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>KELLY WILLIAMS</td>
</tr>
<tr>
<td>Phone #</td>
<td>405-422-6261</td>
</tr>
<tr>
<td>Fax #</td>
<td>405-422-1402</td>
</tr>
</tbody>
</table>

**1099 Reportable Status**

- Add: [ ]
- Remove: [ ]

Attention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor:

- 1 - Rents
- 2 - Royalties
- 3 - Prizes & Awards
- 6 - Medical & Health Care
- 7 - Non-Employee Compensation
- 10 - Crop Insurance Proceeds
- 14 - Gross Proceeds to an Attorney

PeopleSoft (Oracle) 10-digit Vendor #:

**VENDOR/PAYEE SECTION (Please print or type this information. Complete and fax to requesting State Agency)**

<table>
<thead>
<tr>
<th>Company Name (or Individual, or Government Entity)</th>
<th>Phone #</th>
<th>Fax #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name on IRS Record (if different than above)</th>
<th>Phone #</th>
<th>Fax #</th>
</tr>
</thead>
</table>

**VENDOR/PAYEE TIN/SSN:**

<table>
<thead>
<tr>
<th>Business Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PO Box or Street, City, State, 9-Digit Zip Required)</td>
</tr>
</tbody>
</table>

**EFT Payment Notification E-mail Address**

This email will be notified when an EFT payment is made.

<table>
<thead>
<tr>
<th>Optional Address – check as appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If different, [ ] Pricing [ ] Ordering [ ] invoicing [ ] Remitting [ ] Returning</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Contact Name &amp; Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(PO Box or Street, City, State, 9-Digit Zip Required)</th>
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<table>
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<tr>
<th>Customer Service Information, if different:</th>
</tr>
</thead>
</table>

Use OSF_GARNVEND form for Garnishment Vendors.

State Agency, fax completed and signed form to: OSF, Attention Vendor Maintenance 405-521-3383.

OSF/DCS USE ONLY:

<table>
<thead>
<tr>
<th>Date Posted:</th>
<th>By:</th>
</tr>
</thead>
</table>
SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

Federal Employer Identification Number (FEIN)  
U.S. Taxpayer Identification Number (TIN)  
U.S. Social Security Number (SSN)  
If none, but applied for, date applied  
If none, but applied for, date applied  
Check the box below that best describes your residency status:

Companies:
- Domestic (U.S.) sole proprietorship
- Foreign (non-U.S.) sole proprietorship*
- Foreign (non-U.S.) other* - explain:
- Domestic (U.S.) partnership
- Foreign (non-U.S.) partnership*
- Foreign (non-U.S.) corporation*
- Domestic (U.S.) corporation
- Domestic (U.S.) other

Individuals:
- Citizen (individual) of the United States
- Resident alien (individual) of the United States
- Non-resident alien (individual) **

* NOTE: IF YOU MARK THIS BOX, WE WILL FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8 (http://www.irs.gov/pub/irs-pdf/fw8ben.pdf), CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN

Signature of Vendor Representative or Individual Payee  
Date  
Title of individual signing form for company  
Vendor/Payee (Same as Company Name from Page 1)

IRS Instructions Regarding 1099 MISC Reporting

IRS Instructions regarding 1099 MISC reporting are posted on the IRS website at: http://www.irs.gov/instructions/i1099msc/index.html. Reportable payments include (a) royalties or broker payments in lieu of dividends or tax-exempt interest; (b) rents, services (including parts and materials), prizes and awards, other income payments, medical and health care payments, crop insurance proceeds, cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish; (c) any fishing boat proceeds; or (d) gross proceeds paid to an attorney (see below).

Generally, if reportable payments do not fall under Box 1, 2, 3, 6 or 14, use Box 7. Specifically, all payments to physicians and medical corporations must be reported in Box 6. Attorney's fees, including payments to a law firm or other provider of legal services, are reportable in Box 7, except for gross proceeds. Gross proceeds paid to attorneys, under IRC section 6045(f), are reportable in Box 14. These include the total amount paid to an attorney for settlement agreements. These rules apply whether or not the legal services are provided to the payer and whether or not the attorney is exclusive payee (e.g., the attorney's and claimant's names are on one check). However, these rules do not apply to wages paid to attorneys that are reportable on Form W-2.