

# **STUDENT APPLICATION**

\*\* PLEASE PRINT \*\*



Today's Date:

# Site: East Metro West

## STEP ONE: Please answer the following questions about yourself.

Name: Last	First	Middle		
Address:	- Hot	Widdle		
Street	Apt # City	State	Zip Code	
Email:				
Primary Phone: ()	Circle One: Cell	Home Other		
Secondary Phone: ()	Circle One: Cell	Home Other		
STEP TWO: Please answer the fol	owing questions about yourself.			
S#:	SSN:	Da	te of Birth: / /	
Marital Status: Single	Married Separated Divord	_	, <u> </u>	
Ethnicity:  Native America Hawaiian/Pacif	n/Alaska Native Asian c Islander White	Black 🗌 Hispanic Other/Multiracial		
STEP THREE: Please answer the f	ollowing questions about yourself and	your parent.		
Are you a U.S. Citizen: No, but I am a permanent resident; my Permanent Resident Alien Number is:				
Did you graduate from high school? If no, do you have a GED? What is your Tri-C Program of Study?	No       Yes       Year of graduation:         No       Yes			
Are you currently enrolled in classes?	No Yes Credit Hours (circle co	-	9-11 12+	
At which campus do you take classes? Have you attended other colleges/univ		Western/Brunswick		
Have you alterided other coneges/ univ Have you previously completed a colleg		es, where?		
Have you participated in other TRIO pro				
If yes, indicate which:	Educational Opportunity Center	Educational Talent Search	Upward Bound	
Who referred you to TRIO?	Veterans Upward Bound     [       Counselor     Professor/Inst       TRIO advisor     Other	Upward Bound Math Science	TRIO student	

1.	Are you married?	Yes 🗌	No 🗌
2.	Do you have children or other dependents (other than a spouse) who receive more than half of their support from you?	Yes 🗌	No 🗌
3.	At any time since reaching 13 years of age, were you an orphan, in foster care or a ward of the court?	Yes 🗌	No 🗌
4.	Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian?	Yes 🗌	No 🗌
5.	Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces?	Yes 🗌	No 🗌
6.	Are you a U.S. veteran who was on active duty and was released under a condition other than dishonorable?	Yes 🗌	No 🗌
7.	Are you homeless (lack a fixed, regular and adequate nighttime residence) or at risk of becoming homeless?	Yes 🗌	No 🗌

# STEP SIX: <u>You</u> must answer the following questions <u>about yourself</u> if you are <u>at least 24 years old</u> or you answered YES to any questions in STEP 5. <u>Your parents</u> must answer the following questions <u>about themselves</u> if you are <u>less than 24 years old</u> and you answered NO to all questions in STEP 5.

**Income Tax Filers:** Identify your family size. Initial the box on the correct row for your family size. Refer to your taxable income on your 2016 Income Tax returns (1040A- line 27, 1040EZ- Line 6, 1040- Line 43). If no rows correspond to your family size and taxable income as reported in 2016, initial the final box.

Initial	Size of Family	48 Contiguous States, D.C., and Outlying Jurisdictions	
	1	Taxable income between \$0 and \$18,090	
	2	Taxable income between \$0 and \$24,360	
	3	Taxable income between \$0 and \$30,630	
	4	Taxable income between \$0 and \$36,900	
	5	Taxable income between \$0 and \$43,170	
	6	Taxable income between \$0 and \$49,440	
	7	Taxable income between \$0 and \$55,710	
	8	Taxable income between \$0 and \$61,980	
	Any	The taxable income for my family size does not meet the requirements for low income status	

Non-filers: Write the estimated income you received in 2016. If it was zero, write "0". Do not write N/A.

- 1. Number of members in your family: \_\_\_\_
- 2. Estimated or actual 2016 income: \_\_\_\_

Please sign below to certify that the information provided on this application is true and complete to the best of your knowledge. If you (the student) are less than 24 years old and answered NO to all the questions in STEP 5, your parent or legal guardian must also sign and date below.

Date

#### Parent's Signature

Date

### STEP SEVEN: Please read and acknowledge the following.

RELEASE OF COLLEGE INFORMATION: I authorize TRIO Student Support Services (SSS) to gather information concerning my academic progress and financial aid status to determine program eligibility, monitor academic progress, evaluate program effectiveness and fulfill program reporting requirements. I give permission for TRIO personnel to share information with Tri-C college representatives to support my educational program and academic success.

YES NO

OPT-IN TO TEXT MESSAGES: I agree to receive text messages from Cuyahoga Community College's TRIO Student Support Services program. I acknowledge that I am responsible for any charges from my carrier resulting from the text messages received.

YES NO NO





Student's Signature