



STUDENT SUPPORT SERVICES

**TRiO Student Support Services (SSS) Program
SUMMER BRIDGE PROGRAM APPLICATION**

Please Print Clearly

| STUDENT CONTACT INFORMATION | |
|---|---|
| Student Name: | Date of Birth: / / |
| Mailing Address: | |
| City: | State: Zip: |
| Phone Number: | Email Address: |
| STUDENT DEMOGRAPHIC INFORMATION (FOR FEDERAL REPORTING PURPOSES ONLY) | |
| Are You Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No | Racial Identity: <i>(Check all that apply)</i> |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Asian <input type="checkbox"/> White |
| | <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| STUDENT STATUS | |
| Have you completed your 2019-20 Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What is your parent's highest level of education? <input type="checkbox"/> High School <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Unsure | |
| Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If No, are you a Permanent Resident (U.S. permanent resident who has an I-151, I-551, or I-551C)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ACADEMIC INFORMATION | |
| High School: | Cumulative Grade Point Average: |
| Please indicate your educational path: | Have you applied to Mott Community College? |
| <input type="checkbox"/> Associate's Degree Only | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Associate's Degree and Transfer to a 4 year College or University | Have you taken your placement test at MCC? |
| <input type="checkbox"/> Transfer to a 4 year College or University without an Associate's Degree | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SIGNATURES | |

I authorize the TRiO Student Support Services program at Mott Community College (MCC) to review my admission application, placement scores, academic record, demographic information, financial aid reports, transcripts, and grade point average to determine my eligibility and to track my academic records to provide me with services which will contribute to my success at MCC. I understand and authorize TRiO Student Support Services staff to request and share confidential information with the Disability Student Services program. I understand that data collected, plus the information I provide on this form, will remain confidential, and will be used for grant reporting to the United States Department of Education.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

** Required if student is under age 18