

TRiO Student Support Services (SSS) Program Application for Membership

**PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT AND PRINT CLEARLY

STUDENT CONTACT INFORMATION

First Name/Middle Initial:	Last Name:	Mott ID #:
Mailing Address:		
City:	State:	Zip:
Cell Phone Number:		Home Phone Number:
Date of Birth: / /	Mott 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>	
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> Black/African American	

STUDENT STATUS

Are you a US Citizen? Yes No
 If No, are you a Permanent Resident (U.S. permanent resident who has an I-151, I-551, or I-551C)? Yes No

What degree have you earned? GED High School Diploma

Have you been approved for Financial Aid? Yes No Are you receiving a Pell Grant? Yes No

Have been diagnosed a documented disability of any kind? Yes No

If yes, are you registered with MCC DisAbility Services? Yes No

Has your mother earned a Bachelor's Degree (4-year degree)? Yes No

Has your father earned a Bachelor's Degree (4-year degree)? Yes No

ACADEMIC INFORMATION

Please indicate your educational path: <input type="checkbox"/> Associate's Degree Only <input type="checkbox"/> Associate's Degree and Transfer to a 4 year College or University <input type="checkbox"/> Transfer to a 4 year College or University without an Associate's Degree	Are you a first time freshman? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many credits have you earned? _____ What is your current grade point average? _____ Are you currently registered for classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Program of Study/Major or Field of Interest?	



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HOW DID YOU HEAR ABOUT THE TRIO – SSS PROGRAM?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Another Student | <input type="checkbox"/> Online | <input type="checkbox"/> Poster/Flyer |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Faculty/Staff Member | <input type="checkbox"/> Other: _____ |

SIGNATURE & AGREEMENT

I certify that to the best of my knowledge the statements made on this form are complete and true. Failure to disclose and submit complete and accurate information may result in the denial into or dismissal from the MCC TRIO SSS program. I also understand participation in the TRIO program requires the project have access to my student records. I approve release of my grades, transcripts, financial aid information, test results, and any other information related to my educational endeavors to the MCC TRIO SSS with the assurance the information will be held in the strictest of confidence. I also allow the TRIO SSS project to use photos (including digital images) of me in project-approved publications such as brochures, recognition awards, and newsletters.

I AGREE Yes No

Student Signature: _____ Date: _____

STAFF USE ONLY

Coordinator Assigned: _____ Date Assigned: _____



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PERSONAL STATEMENT

Please provide a personal statement introducing yourself and including the following information:

- What major you plan to study and why you chose the specific major
 - How you plan to achieve this goal
 - What support systems you have in place to help you reach your goal
 - Which four-year college or university you plan on attending after MCC and why you chose that specific college or university
 - You may also want to include information regarding your past struggles with course work and life events that may have interrupted your education, as well as information about your personality and your accomplishments.
- ** If you have any questions, an SSS Coordinator would be happy to discuss this requirement with you.
Attach additional pages if necessary.

**INCOME VERIFICATION FORM
 INDEPENDENT STUDENT**

To Be Completed by Student

INFORMATION	
Student Name:	Mott ID #:
<input type="checkbox"/> Check Here if you did not have any taxable income for the last calendar year. <input type="checkbox"/> Check Here if you DID NOT/WILL NOT file a tax return for the last calendar year. <input type="checkbox"/> Check Here if you DID file a tax return for the last calendar year What is your TAXABLE* income for LAST year? \$ _____ <i>*This is not your adjusted gross income. This can be found on: IRS Tax Form 1040: Line 43 IRS Tax Form 1040A: Line 27 IRS Tax Form 1040EZ: Line 6</i>	
How many people are living in your household? _____	
SIGNATURE	

All of the information on this form is complete and true to the best of my knowledge.

Student Signature: _____ Date: _____

INDEPENDENT STUDENTS ONLY

**INCOME VERIFICATION FORM
 INDEPENDENT STUDENT**

To Be Completed by Parent/Guardian

INFORMATION	
Student Name: _____	Mott ID #: _____
<input type="checkbox"/> Check Here if you did not have any taxable income for the last calendar year. <input type="checkbox"/> Check Here if you DID NOT/WILL NOT file a tax return for the last calendar year. <input type="checkbox"/> Check Here if you DID file a tax return for the last calendar year What is your TAXABLE* income for LAST year? \$ _____ <i>*This is not your adjusted gross income. This can be found on: IRS Tax Form 1040: Line 43 IRS Tax Form 1040A: Line 27 IRS Tax Form 1040EZ: Line 6</i> How many people are living in your household? _____	
SIGNATURE	

All of the information on this form is complete and true to the best of my knowledge.

Parent Signature: _____ Date: _____

DEPENDENT STUDENTS ONLY