



EMCC Student Support Services

Program Application: 2017-2018

To determine eligibility for the TRiO program, please complete the unshaded sections of this application form. The information you provide is required because this is a federally funded program and students who wish to participate must meet certain requirements. Any information you provide is strictly confidential. Applying to the TRiO program does not guarantee admittance to the program. To be considered, please return your completed application form to the TRiO Student Support Services office located in Room 123 Maine Hall. **Please print neatly and clearly.**

Student Name: _____
First *Last* *M.I.*

Social Security #: _____ **Student ID #:** _____ **Birthdate:** ___/___/___

Contact Information

Street Address *City, State, Zip Code*

Home Phone *Cell Phone* *Email (TRiO SSS will use your EMCC student email)*

Campus Resident? Yes No

Emergency Contact Information

Name of Person *Relation to you*

Home Phone *Cell Phone*

Personal Information

Please check responses:

Gender: Male Female

Place of Birth: _____ U.S. Citizen: YES
 NO
 NO, but I am an eligible non-citizen

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other: _____

Is English your first language? YES NO If no, what is your native language? _____

Are you a veteran? YES (non-active) YES (active) NO

Are you a homeless youth or aging out of foster care? YES NO

Eligibility Information

INCOME INFORMATION:

Have you applied for financial aid (have you completed the FAFSA and put EMCC as a reported school)?

- YES. _____ Please initial your permission to obtain verification from the Financial Aid Office
- NO. (To determine eligibility for program service, you will be asked to provide financial information.)

Number of **family** members in the household (including yourself): _____
 (family members are those related to you by blood, marriage or law)

Check all income sources below that apply to you:

- Dept. of Voc. Rehab
- Food stamps
- Savings
- Social Security benefits
- Workforce training funds
- Scholarships (list): _____
- Child support for dependent children
- Labor & Industries injury claim
- Parents/guardian/relative
- TANF (public assistance)
- Opportunity Grant
- Financial aid: work study, loans, etc
- Living with parent/relative
- Spouse is employed
- Veteran's benefits
- Aspire

Federal TRiO Program Annual Income Levels:

Size of Family Unit	1	2	3	4	5	6	7	8
Taxable Income	\$18,090	\$24,360	\$30,630	\$36,900	\$43,170	\$49,440	\$55,710	\$61,980

If an independent student, I certify that my family **taxable income** (line 6 on IRS 1040EZ, line 27 on IRS1040A, line 43 on IRS 1040) does not exceed the low-income guidelines in the above table. _____
 (initial)

OFFICE USE ONLY
 Verification of Financial Aid ____/____/____ YES NO _____
Date Staff initials

FAMILY BACKGROUND:

Father's Education (please check one)

- Less than high school
- GED
- High School grad
- Some College
- Associate's Degree
- Bachelor's Degree
- Unknown

Mother's Education (Please check one)

- Less than high school
- GED
- High School grad
- Some College
- Associate's Degree
- Bachelor's Degree
- Unknown

DISABILITY (OPTIONAL):

Do you believe you have a documented disability? YES NO

If you answered yes, you must provide documentation to the Coordinator of Disabilities Services to be considered eligible.

OFFICE USE ONLY
 Verification from Coordinator of Disabilities Services ____/____/____ YES NO _____
Date Staff initials

Academic Information

Major / Program of Study: _____ Enrollment Status: Full-time Part-time

- 1) Are you/were you required to take preparatory classes based on your Accuplacer placement test scores?
 YES NO If yes, in what subjects? MATH-LAM008 MATH-LAM009 WRITING-LAE013
- 2) Have you participated in any other TRiO or TRiO LIKE programs in the past?
 Educational Opportunity Center Upward Bound Talent Search
 Student Support Services GEAR UP Jobs for Maine Graduates (JMG)
- 3) TRiO participants must be pursuing an associate degree or certificate and planning to graduate from EMCC AND/OR transfer to a four-year college or university after graduating from EMCC.

Occupational / Career goal: _____

What year do you plan to graduate AND/OR transfer from EMCC? _____

Names of schools you are interested in attending after graduating from EMCC:

Academic Needs Assessment

Please check what services you would like to receive from the TRiO Student Support Services Program:

- Academic Advising (*one-on-one coaching with a TRiO advisor*)
- Peer mentor
- Tutoring (*in what classes?*) _____
- Workshops (*check all that apply*)
 - Financial Literacy (*budgeting, credit*)
 - Time Management/Organization
 - Note-taking
 - Reading skills for textbooks
 - Test Preparation strategies
 - Stress Management
- Financial Aid Assistance (completing the FAFSA and looking for Scholarships)
- Assistance with computer skills
- Supplemental Instruction (*specialized group instruction for a specific class*)
- Cultural Events
- Other _____

Please check any statement that you **agree** with:

- | | |
|--|--|
| <input type="checkbox"/> I have trouble taking notes from lectures & readings | <input type="checkbox"/> I have difficulty writing papers |
| <input type="checkbox"/> I use a calendar to keep track of assignments and exams | <input type="checkbox"/> I read my syllabus for each class |
| <input type="checkbox"/> I would like to improve my writing skills | <input type="checkbox"/> I have difficulty concentrating |
| <input type="checkbox"/> I am uncomfortable asking questions in class | <input type="checkbox"/> I know when it is time to get help in a class |
| <input type="checkbox"/> I understand what I read | <input type="checkbox"/> I learn best by doing |
| <input type="checkbox"/> I would like to increase my vocabulary | <input type="checkbox"/> I learn best by watching something be done |
| <input type="checkbox"/> I have difficulty with mathematics | <input type="checkbox"/> I learn best by listening to explanations |
| <input type="checkbox"/> I have test anxiety | <input type="checkbox"/> I am comfortable asking for tutoring |
| <input type="checkbox"/> I do not know how to find scholarships | <input type="checkbox"/> I am nervous about starting college |

Contract – please read carefully before signing

- I understand that the goal of the TRiO program is to retain and graduate eligible EMCC students. I further understand that being in Student Support Services is a privilege. I understand that:
 - 1) I will be assigned a TRiO Advisor
 - 2) I may be assigned a Peer Mentor
 - 3) I may receive tutoring, study skills help, academic advising, financial aid assistance, peer support, transfer advising, and other TRiO services while I am an active participant in the program.
- To be considered an active participant, I understand I am required to:
 - 1) Meet with a TRiO staff member a minimum of 1 times per month (academic year only)
 - 2) Access a minimum of three other TRiO services per semester. These include: tutoring, workshops, transfer events, cultural events, community service projects and peer mentoring.
- If I fail to meet the requirements for participation, I can be dropped from the program.
- If my GPA drops below a 2.0, I agree to meet with my TRiO advisor bi-weekly to develop and follow through with an Academic Support Plan (ASP) to improve my academic standing.
- I have read the information contained in this application and would like to be considered for services under the TRiO Student Support Services program. I authorize TRiO staff to gather and disseminate information about me concerning my eligibility for the program and information concerning my academic progress on an “as-needed basis” with appropriate faculty and staff at EMCC. My signature signifies that I have read and understand this contract.
- I understand that at some time my photograph may be taken, either in a group or individually, by the TRiO program and/or Eastern Maine Community College for promotional purposes without compensation. I give my permission for my photograph to be used for this purpose.

Student Signature

____/____/____
Date

OFFICE USE ONLY

Applicant status

Academic Need: _____ Attribute: _____ Advisor Assignment: _____

Eligibility: First Gen LI DIS
 First Gen & LI DIS & LI

Staff Comments/Follow-up:

Staff Signature

____/____/____
Date