

TRIO Student Support Services

Brockton Campus, Room SC 130 * One Massasoit Boulevard * Brockton, MA 02302 * PH (508) 588 9100 x1061

Application & Eligibility Form

Student Name: _____ Massasoit V#: _____

Street Address: _____

City, State, Zip Code: _____

Cell Phone Number: _____ Alternate Phone: _____

Date of Birth: _____ MCC E-Mail Address: _____

Massasoit Start Date: _____ Program of Study: _____ Campus: _____

- Are you **currently** a member of the LATCH or CHOICES Program? Yes No
- Have you already received a degree (Associates, Bachelors, Masters)? Yes No
- How many credits are you registered for this semester? _____
- How did you hear about TRIO? (circle) LATCH MEOP CHOICES Faculty/Staff Friend Mail
Other (please describe): _____

Indicate the highest level of education that your parents received:

	Mother	Father
Did not attend college	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
Finished two-year college (Associates Degree)	<input type="checkbox"/>	<input type="checkbox"/>
Finished four-year college (Bachelors Degree)	<input type="checkbox"/>	<input type="checkbox"/>

Have you previously participated in any TRIO program? If yes, check all that apply.

___ Talent Search ___ Upward Bound ___ Student Support Services ___ Educational Opportunity Centers

At age 18, were you living with a parent, parents, or a legal guardian? Indicate which: _____

Have you applied for financial aid? Yes No Plan to apply
Are you receiving financial aid? Yes No Waiting to hear

Please check the income range, which reflects the **taxable** income, reported on your family's 2017 income tax return. This figure is located on Form 1040 line 43, 1040A line 27, or 1040EZ line 6. Check an income range even if you were not required to file. If your parents claimed you as a deduction on their income tax return, check the income range for their income (not your own). If your parents did not claim you, check your income.

Please note the size of your family unit (including self): _____	<input type="checkbox"/>	\$18,735	<input type="checkbox"/>	\$38,625	<input type="checkbox"/>	\$58,515
	<input type="checkbox"/>	\$25,365	<input type="checkbox"/>	\$45,255	<input type="checkbox"/>	\$65,145
	<input type="checkbox"/>	\$31,995	<input type="checkbox"/>	\$51,855	<input type="checkbox"/>	More than \$65,145

The United States Department of Education requires that participants in this TRIO funded program qualify under any of the following criteria: being a first generation college student, low income, and/or having a disability. If you are using the last criteria (disability) for acceptance into this program, please answer the following questions:

Do you have documented disability? Yes No
Does the College have documentation of your disability? Yes No

Gender	Marital Status	Citizenship	Veteran Status
<input type="checkbox"/> Male	<input type="checkbox"/> Married	<input type="checkbox"/> Citizen	<input type="checkbox"/> Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non Veteran
<input type="checkbox"/> _____	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

Ethnic-Racial Background (check ALL that apply)

<input type="checkbox"/> Am. Indian, Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian, Pacific Islander

Prior Colleges Attended: _____ Date: _____

_____ Date: _____

Have you ever been dismissed from an educational institution? Yes No

Please describe what your academic goals/plans are for the year?

Please check any services you would like to receive:

- Academic assistance (tutoring services, study skills, etc.)
- Assistance specifically for a learning disability
- Assistance specifically with a physical disability
- Assistance with completing financial aid paperwork
- Peer mentoring and/or peer supports
- Transfer counseling
- Personal counseling
- Assistance with career/educational goals

I authorize release of information from my financial and/or academic record as requested by the TRIO SSS Program Director or as needed by Federal, State, or other financial aid organizations for any legitimate purposes. I understand this information will remain confidential and will be used only to: (a) establish eligibility for special services, (b) assess my academic progress and need for services, (c) meet program and federal reporting requirements, (d) provide admissions information.

Student Signature

Date

Parent Signature

Date

Required if:

- * Student is 24 years of age or younger
- * Student is not married
- * Student does not have legal dependents other than a spouse that the student supports at least 50%

TRIO Counselor Signature

Date

FOR OFFICE USE ONLY!

Status: _____ (1) LI FG _____ (2) LI _____ (3) FG _____ (4) D _____ (5) D LI Counselor: _____

Circle one in each of the following categories:

Academic Need:

- 1 = Low High School Grades
- 2 = Low Admission Test Scores
- 5 = Predictive Indicator
- 6 = Academic Proficient Tests
- 7 = Low College Grades
- 8 = High School Equivalency/GED
- 9 = Failing Grades
- 10 = Out of Academic Pipeline for 5 or More Years
- 11 = Other
- 12 = Limited English Proficiency
- 13 = Lack of Educational and/or Career Goals
- 14 = Lack of Academic Preparedness for College Level Course Work
- 15 = Need for Academic Support to Raise Grade(s) in Required Course(s)/Academic Major

Enrollment Status upon assessment:

- 1 = Full Time (12 or more credits)
- 2 = ¾ time (9-11 credits)
- 3 = ½ time (6-8 credits)
- 4 = Less than ½ time

College Grade Level (upon entry into program):

- 1 = 1st year, never attended
- 2 = 1st year, attended before
- 3 = 2nd year, sophomore (30+ Credits)

- BLUMEN
- FOCUS SUCCESS CANVAS
- GMAIL ADVISOR ATTRIBUTE

