



STUDENT SUPPORT SERVICES

Student Application for TRIO Services

Please print and answer all sections of this application. Your responses are necessary to determine eligibility for this federally funded program. Because of the personal nature of some of these questions, your responses will be held in the strictest confidence.

Name: _____
LAST FIRST M.I.

Phone: _____ Preferred Pronouns: She/Her He/Him They/Them Other _____

Preferred email address: _____ Birthdate: _____

Preferred contact method: Call Text Email

Ethnicity/Race (select all that apply):

African American/Black Asian Native Hawaiian/Pacific Islander Hispanic/Latinx American

American Indian/Alaskan Native Caucasian/White Other (please specify): _____

TRIO Eligibility

Residency Status:

U.S. Citizen Permanent Resident A# _____ Other: _____

Have you already completed a college degree? Yes No

Do either of your parents/guardians have a bachelor's degree (a 4-year degree)?

Mother: Yes No Unsure Father: Yes No Unsure

With which parent did you primarily live? Mother Father Both Other (Foster care, Grandparent, etc.)

Do you have a documented disability? Yes No Unsure

Have you applied for financial aid at WCCC? Yes No

Do you plan to transfer to a 4-year college after graduation from WCCC? Yes No Unsure

Optional: I hereby consent to the use by WCCC TRIO Student Support Services photograph(s) of me in any publications, website, advertisement, report or other material promoting the WCCC TRIO SSS Program. I understand that this consent is optional. I hereby waive any rights to inspect or approve such photograph(s), and I release WCCC TRIO SSS, the College, and the MCCS for any and all claims arising from the use of the photographs.

Yes. I consent. No, I do not approve the use of my photograph(s).

I certify that all of the information provided on this form is true and completed to the best of my knowledge.

STUDENT SIGNATURE: _____

DATE: _____

