Black Hawk College
SSS Application Form

Last Name	First Name	MI	BHC ID Number
_____	_____	_____	_ 900- _____

Email _____ **myBlackHawk username** _____

Gender ☐ **Female** ☐ **Male** **Date of Birth:** _____/_____/_____

Address _____ **City** _____ **State** _____**Zip** _____

Phone (H) _____ **(Work)** _____ **(Cell)** _____

Ethnicity/Race Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more races from the following that applies to you.

☐ American Indian Alaskan Native ☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander
☐ Asian ☐ White

ELIGIBILITY CRITERIA:

Are you a U.S. Citizen or permanent resident?	☐ Yes	☐ No	*Alien registration number* _____
Has either parent completed a four-year degree?	☐ Yes	☐ No	
Do you have a documented disability?	☐ Yes	☐ No	
Are you receiving Financial Aid? (FAFSA /PELL)	☐ Yes	☐ No	
Do you plan to transfer to a 4-year university?	☐ Yes	☐ No	

PLEASE CHECK ALL SSS PROGRAM SERVICES THAT INTEREST YOU.

☐ financing college costs
☐ earning good/better grades
☐ tutoring services
☐ managing my learning difficulties
☐ academic advising (with same advisor)
☐ borrowing equipment (calculator, notebook, recorder)
☐ transferring to a 4 year program/college visits
☐ Text book loan
☐ deciding on a major
☐ managing personal finances
☐ attending cultural activities
☐ assistance with career choices
☐ attending college workshops (SOARS)
☐ overcoming test anxiety/ becoming a better test taker
☐ referrals for non-college services (housing, etc)
☐ student leadership opportunities

Other assistance you would like to receive:_____

_____

How did you find out about TRIO? ☐ Another student ☐ Faculty ☐ Orientation ☐ Website
☐ BHC Staff ☐ Program brochure ☐ Other

EDUCATIONAL AND PERSONAL INFORMATION

Date of High School/GED graduation: _____ Name of High School: _____

High School GPA: _____

Intended Major: _____

In what field would you like to work after you graduate? _____

Do you plan to transfer to a 4 year institution? ☐ Yes ☐ No Where? _____

Do you believe you will be able to complete your program of study within four years of entering the TRiO Student Support Services Program? ☐ Yes ☐ No

In your own words, please explain briefly, why you want to participate in the TRiO Student Support Services program:

_____

_____

RELEASE OF INFORMATION

I authorize Student Support Services (SSS) to gather information concerning my academic progress and financial aid status prior to my participation in SSS. I understand that this information is used to assist in the determination of my eligibility for SSS. I grant permission for SSS to gather academic information for follow-up whenever appropriate, including transfer and progress at 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations.

_____ _____

Signature Date