



Black Hawk College Trio SSS Application Form



_____ 900-_____
Last Name **First Name** **MI** **BHC ID number**

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

Phone: (Home) _____ **(Work)** _____

(Cell) _____ **Please check if you would like to receive Trio text messages**

Personal Email: _____

Date of Birth: ____/____/____ **Gender:** Female Male

Marital Status:
 Single Married Divorced Separated

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

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 TRiO SSS Program services that interest you.

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

Other assistance you would like to receive: _____

EDUCATIONAL AND PERSONAL INFORMATION

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

High School GPA: _____ First Semester at BHC _____

Intended Major: _____ Intended Occupation _____

What is the highest level of education you will pursue?

Certificate Associate's Degree Bachelor's Degree Graduate/Professional Degree

If you plan to transfer, where are you considering? _____

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

Do you plan to work while attending BHC? Yes No If so, how many hours/week? _____

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

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

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

For Staff Use Only:

INCOME TAX STATUS

- Single, no dependents
 Single, Head of Household
 Married, filing jointly
 Married, filing separately