

Name _____ Student ID # _____

Address _____

Phone _____ Westmoreland email _____

TRIO/SSS Program: Are you interested in being considered for a program that would provide assistance and support through counseling, tutoring, and other resources to help you achieve your educational goals?
 Yes No

I authorize the staff of TRIO/SSS to obtain information from my instructors, Admissions, Records, and Financial Aid Offices pertinent to my participation in the program. If accepted, I agree to fully participate.

I hereby agree that the information that I reported is correct.

Student Signature _____ Date _____

Project Director Signature _____ Date _____

Has either of your parents earned a bachelor (4-year) degree?

Mother: Yes No Unknown Father: Yes No Unknown

Did you graduate from high school? Yes No Received GED If yes, year of graduation _____

Are you receiving a grant/financial assistance for college? Yes No Don't Know

If no, do you plan to apply for financial aid? Yes No

Are you a United States citizen? Yes No

Optional Information

Date of Birth: _____ Age: _____ Gender: Female Male

Ethnic Group/Race:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> More than one race (check all that apply) |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Unknown/No response |

DISABILITY: Yes No

If yes: Attention Deficit Disorder Learning Disability Psychiatric

Sight Hearing Speech Disease Related Mobility Impaired

Other _____

Discussion of known special needs:

