

*Student Support Services, a TRIO Program, is funded by the U.S. Department of Education.*

**Instructions:**

1. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED, including required signatures.
2. Submit a copy of all unofficial college transcripts, financial award letter, completed FAFSA or income tax return, and photocopy of permanent resident card if applicable. If you have never attended college before, please submit a copy of your high school transcript.
3. Return to TRIO Student Support Services office (Wenatchee: Wells Hall 1074) or email to [trio@wvc.edu](mailto:trio@wvc.edu)
4. TRIO SSS will contact student within 5-7 business days.
5. Eligible students will be invited for an intake interview/orientation (60 minute appointment).

**Personal Information**

\_\_\_\_\_ Male \_\_\_\_\_ Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SSN# \_\_\_\_\_ SID# (WVC Student ID#) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ @ student.wvc.edu

Phone \_\_\_\_\_ Texting ok? ☐ Yes ☐ No WVC Student Email \_\_\_\_\_ Alternative Email \_\_\_\_\_

Are you a U.S. citizen? ☐ Yes ☐ No If no, are you a permanent resident? ☐ Yes ☐ No

Permanent Residents Only (USCIS#): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is English your first language? ☐ Yes ☐ No Other languages you speak fluently? \_\_\_\_\_

Have you ever been in foster care or were a ward of the court? ☐ Yes ☐ No

Are you a U.S. Veteran (Have you served in the U.S. Military)? ☐ Yes ☐ No

Have you been involved with TRIO at any other institution? ☐ Yes ☐ No

Do you identify your *race* as: Native American/Alaskan Native ☐ Yes ☐ No

(Check all that apply if multiracial) Asian American ☐ Yes ☐ No

Black or African American ☐ Yes ☐ No

Caucasian or European American ☐ Yes ☐ No

Native Hawaiian or other Pacific Islander ☐ Yes ☐ No

Do you identify your *ethnicity* as: Hispanic or Latinx/a/o ☐ Yes ☐ No

**Program Eligibility**

Did either of your parents/guardians graduate from a 4-year college or university? ☐ Yes ☐ No

Do you have a documented disability? ☐ Yes ☐ No

If yes, have you documented it with the WVC Student Access Coordinator? ☐ Yes ☐ No

**Financial Information**

Are you currently receiving Financial Aid through WVC? ☐ Yes ☐ No

Did you or your family file a tax return for the previous calendar year? ☐ Yes ☐ No

*Review chart for federal low-income guidelines. For families with more than eight members, add \$6,630 for each additional family member.*

Number of people in your household, including yourself: \_\_\_\_\_

Your family's taxable income for last year: \_\_\_\_\_

For income tax purposes, are you? ☐ Dependent ☐ Independent

What is your marital status? ☐ Single ☐ Married ☐ Other: \_\_\_\_\_

Household Size	Taxable Income
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$55,515
8	\$65,145

## Education

Do you have an undergraduate degree? \_\_\_ Yes \_\_\_ No

Did you receive your high school diploma or GED? \_\_\_ Yes \_\_\_ No Year received: \_\_\_\_\_

What are your educational goals? \_\_\_ Certificate \_\_\_ Associate's Degree \_\_\_ Transfer to 4-Year \_\_\_ Undecided

Expected graduation date (quarter/year): \_\_\_\_\_ Area of Study: \_\_\_\_\_

What is your current grade level? 
☐ New Student (no college credits completed)  
☐ Freshman (completed less than 45 college-level credits)  
☐ Sophomore (completed at least 45 college-level credits)

Current enrollment status: 
☐ Part-time Student (less than 12 credits per quarter)  
☐ Full-time Student (12 credits or more per quarter)

Have you attended other colleges? \_\_\_ Yes \_\_\_ No If yes, which one(s)? \_\_\_\_\_

*\*Please remember to attach unofficial transcripts for all colleges previously attended.*

## Student Needs Assessment - Check all that apply

Academic Advising, Course Selection, & Financial Literacy	Academic Support & Instruction	Individualized Guidance & Workshops
<input type="checkbox"/> Major & career information	<input type="checkbox"/> Overcoming text anxiety/stress	<input type="checkbox"/> Personal counseling referrals
<input type="checkbox"/> Job search skills	<input type="checkbox"/> Note-taking tips	<input type="checkbox"/> Improving confidence/assertiveness
<input type="checkbox"/> Academic advising/degree planning	<input type="checkbox"/> Presentations & public speaking	<input type="checkbox"/> Procrastination & goal-setting
<input type="checkbox"/> Transfer school information & advising	<input type="checkbox"/> Time management; prioritizing tasks	<input type="checkbox"/> Developing leadership skills
<input type="checkbox"/> Financial aid application assistance	<input type="checkbox"/> College-level reading and writing	<input type="checkbox"/> Improving communication & relationships
<input type="checkbox"/> Scholarship search & application help	<input type="checkbox"/> Test-taking tips; self-testing	<input type="checkbox"/> Managing family or work responsibilities
<input type="checkbox"/> Other concern: _____	<input type="checkbox"/> Other concern: _____	<input type="checkbox"/> Other concern: _____

**Short Answer Response – Use the space below to answer. Attach additional pages if necessary.**

**Q. How will TRIO SSS help you accomplish your academic goals? From the list above, what is your greatest need?**

### Affidavit of Truth Statement

*The information provided on this form is, to the best of my knowledge, accurate and true.*

Applicant's Name (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Internal Use

### Academic Need

- ☐ Diagnostic tests   ☐ High School equivalency   ☐ Lack of academic preparedness   ☐ Predictive indicator   ☐ Failing grades  
☐ Low High School Grades   ☐ Limited English proficiency   ☐ Low College Grades   ☐ Lack of education and/or career goals  
☐ Low Admission test scores   ☐ Out of academic pipeline for 5 or more years   ☐ Other \_\_\_\_\_

**Eligibility**   ☐ First Generation   ☐ Low Income   ☐ Disability

**Cohort** \_\_\_\_\_

**Institution Entry Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Program Entry Level**   ☐ 1<sup>st</sup> Year, Never Attended   ☐ 1<sup>st</sup> Year, Attended Before   ☐ 2<sup>nd</sup> Year Sophomore (CLVL Credits \_\_\_\_\_)

**Program Entry Enroll**   ☐ Less than ½ time   ☐ ½ Time   ☐ ¾ Time   ☐ Full Time

**Program Entry Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Compass Scores** Write \_\_\_\_\_ Read \_\_\_\_\_ Math \_\_\_\_\_

### LASSI Scores

Anxiety	Attention	Motivation	Concentration	Self-Test	Study Aids	Time Management	Information Processing	Selecting Main Idea	Test Strategies
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Will: ☐ Cleared   ☐ Recommended   ☐ Required   Self-regulation: ☐ Cleared   ☐ Recommended   ☐ Required   Skill: ☐ Cleared   ☐ Recommended   ☐ Required

**Date of first service** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Financial Aid Received** \_\_\_\_\_