

**Instructions:**

- ## Personal Information

## Program Eligibility

## Financial Information

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 separate page to answer completely**  
**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
Will: <input type="checkbox"/> Cleared <input type="checkbox"/> Recommended <input type="checkbox"/> Required									
Self-regulation: <input type="checkbox"/> Cleared <input type="checkbox"/> Recommended <input type="checkbox"/> Required					Skill: <input type="checkbox"/> Cleared <input type="checkbox"/> Recommended <input type="checkbox"/> Required				

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

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