

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

**Instructions:**

1. Complete application, including required signatures.
2. **Submit a copy of all unofficial college transcripts, financial award letter 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, Omak: Hazel Allen Burnett 411).
4. TRiO SSS will contact student within 5-7 business days.
5. Eligible students will be invited for an intake interview (45-60 minute appointment).

How did you find out about the TRiO SSS program? \_\_\_\_\_

**Personal Information**

\_\_\_\_\_ Male \_\_\_\_Female  
Last Name First Name MI

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

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

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Phone **Texting ok?** \_\_\_\_Yes \_\_\_\_No Alternative Phone \_\_\_\_\_ 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

What is the race with which you most identify? (Check all that apply if multiracial)

- |  |  |
|--|--|
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Caucasian or European American          |
| <input type="checkbox"/> Asian American (Specify): _____   | <input type="checkbox"/> Native Hawaiian, other Pacific Islander |
| <input type="checkbox"/> African American                  | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Hispanic or Latino                | <i>If other, please specify ethnicity/heritage.</i>              |

**Program Eligibility**

Did either of your parents/guardians graduate from a 4-year college or university? \_\_\_\_Yes \_\_\_\_No

Do you have a bachelor's degree? \_\_\_\_Yes \_\_\_\_No

Do you have a documented learning disability? \_\_\_\_Yes \_\_\_\_No

*If yes, have you documented it with the WVC Student Access Coordinator?* \_\_\_\_Yes \_\_\_\_No

Do you have a documented physical disability? \_\_\_\_Yes \_\_\_\_No

*If yes, have you documented it with the WVC Student Access Coordinator?* \_\_\_\_Yes \_\_\_\_No

Have you been involved with TRiO at any other institution? \_\_\_\_Yes \_\_\_\_No

**Financial Information**

Are you currently receiving Financial Aid through WVC? \_\_\_\_Yes \_\_\_\_No

Did you receive a College Bound Scholarship? \_\_\_\_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 \$6,240 for each additional family member.

Household Size	Taxable Income
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335

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: \_\_\_\_\_

### Education

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

If not, have you earned your GED? ☐ Yes ☐ No Year received: \_\_\_\_\_

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

If you plan to transfer, expected transfer or graduation date (quarter/year): \_\_\_\_\_

What is your intended major or 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

#### Academic Advising, Course Selection, & Financial Literacy

☐ Major & career information  
☐ Job search skills  
☐ Academic advising/degree planning  
☐ Transfer school information & advising  
☐ Financial aid application assistance  
☐ Scholarship search & application help  
☐ Other concern: \_\_\_\_\_

#### Academic Support & Instruction

☐ Overcoming text anxiety/stress  
☐ Note-taking tips  
☐ Presentations & public speaking  
☐ Time management; prioritizing tasks  
☐ College-level reading and writing  
☐ Test-taking tips; self-testing  
☐ Other concern: \_\_\_\_\_

#### Individualized Guidance & Workshops

☐ Personal counseling referrals  
☐ Improving confidence/assertiveness  
☐ Procrastination & goal-setting  
☐ Developing leadership skills  
☐ Improving communication & relationships  
☐ Managing family or work responsibilities  
☐ Other concern: \_\_\_\_\_

### Short Answer Response

Q. How will TRiO 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 \_\_\_\_\_