

**TRiO** PROJECT  
**Success!**

**Program Application**





## TRiO Project Success Application

**TRiO PROJECT Success!** "Changing lives through learning"

• 900 West Orman Avenue • (719) 549-3045 • Pueblo, Colorado 81004

Student Support Services (SSS) is a federally funded TRiO Program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. To determine your eligibility, please fill out the following information completely. Incomplete applications will not be considered. The information you provide is strictly CONFIDENTIAL. In order for your application to be reviewed, you must also attach a copy of your latest 1040 income tax form (first two pages).

Complete the application.

Sign and return application with all required documents listed on the back page.

Application will be on hold if all required documents are not received.

If you have any questions, contact the TRiO SSS office at 549-3045 or stop by in AB 174.

### PART 1: PERSONAL DATA

Student ID# \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Pueblo Community College Email Address: \_\_\_\_\_  
(You will be contacted through email as well as your mailing address & home phone number to notify you of upcoming events and workshops with the program.)

Gender:  Male  Female

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

### PART 2: ETHNIC GROUP

- Caucasian/ White
- African-American/Black
- Hispanic or Latino
- Asian/Pacific Islander
- Native American: Tribe \_\_\_\_\_
- Other (specify) \_\_\_\_\_

### PART 3: MARITAL STATUS

- Single
- Married
- Divorced
- Separated
- Widowed

### PART 4: CITIZENSHIP

Are you a U.S. citizen:  Yes  No If "No," are you an eligible non-citizen (see below)?  Yes  No

Alien Registration Number: \_\_\_\_\_

## PART 5: EDUCATIONAL INFORMATION

Are you a high school graduate?  Yes  No

GED, Year Received \_\_\_\_\_, City & State where GED was attained: \_\_\_\_\_

Have you attended a college other than PCC?  Yes  No If so, where? \_\_\_\_\_

Academic Classification:  First Time Student  Returning Student Date you started PCC \_\_\_\_\_

Have you earned any credits at PCC?  Yes  No If so, how many? \_\_\_\_\_ What is your GPA at PCC? \_\_\_\_\_

Have you taken the Accuplacer test?  Yes  No

Do you plan to attend college?  Full-time  Three-quarter time  Half-time  Less than half-time

Target completion date at PCC? \_\_\_\_\_ Do your goals include transfer to a 4-year college?  Yes  No

If you plan to transfer to a 4-year college, when? \_\_\_\_\_ Name of college: \_\_\_\_\_

### Which PCC degree or certificate are you planning to pursue?

(Check the one that applies to you)

Associate of Arts (AA — *transfer degree*)

What is your major? \_\_\_\_\_

Associate of General Studies (AGS — *transfer degree*)

What is your major? \_\_\_\_\_

Associate in Science Degree (AS — *transfer degree*)

What is your major? \_\_\_\_\_

Associate in Applied Science (AAS — *non-transferable degree*)

What is your major? \_\_\_\_\_

Certificate

Have you been part of a **TRiO** program prior to PCC?  Yes  No Where? \_\_\_\_\_

Which program?  Student Support Services  Educational Opportunity Center  Upward Bound

How were you referred to **TRiO Project Success**? \_\_\_\_\_

## PART 6: ELIGIBILITY AND VERIFICATION

### First-Generation Verification

The term "first generation college student":

1. An individual both of whose parents did not complete a baccalaureate (bachelor's or 4-year college) degree, or
2. In the case of any individual who regularly resided with and received support from only one parent, an individual whose only such parent did not complete a baccalaureate (bachelor's or 4-year college) degree.

Highest educational level or grade your father and your mother completed.

(Check one for each person)

	Father	Mother
High School	<input type="checkbox"/>	<input type="checkbox"/>
College ( <i>less than four years</i> )	<input type="checkbox"/>	<input type="checkbox"/>
College ( <i>Bachelor's Degree or higher</i> )	<input type="checkbox"/>	<input type="checkbox"/>

Did you reside with your:  mother  father  both  other \_\_\_\_\_

## PART 7: DISABILITIES VERIFICATION

Do you have any **documented** physical and/or learning disabilities?  Yes  No

If yes, is the disability information on file with the Pueblo Community College Disability Office.  Yes  No

## PART 8: INCOME VERIFICATION

1. For Financial Aid Purposes, are you considered  Independent  Dependent\* (a dependent status is a student who is under the age of 24, single, with no dependents, and no military background)
2. If dependent, parent(s) name(s) \_\_\_\_\_
3. If a dependent, with whom did you live?  mother  father  both  other \_\_\_\_\_
4. Did your parents file taxes for last year?  Yes  No
5. Please indicate parents **Taxable Income** 2009 tax year (Line 43 on 1040, Line 6 on 1040EZ, Line 27 on 1040A) ...\$ \_\_\_\_\_
6. Number in household claimed on your parents income tax \_\_\_\_\_
7. Did you file taxes last year?  Yes  No
8. Please indicate your **Taxable Income** 2009 tax year (Line 43 on 1040, Line 6 on 1040EZ, Line 27 on 1040A) .....\$ \_\_\_\_\_
9. Number in household claimed on your income tax \_\_\_\_\_
10. If neither you nor your parents filed taxes in the 2008 tax year, what was the source of your family income?  
 Social Security,  TANIF,  Child Support or  Other \_\_\_\_\_

Documentation of Low Income Eligibility (need at least one):

- Copy of 2009 Income Tax Form.
- Documentation of other income as listed above.
- Self-signed statement of low-income based on chart (see chart below) Note: This is only to be used for students with no other way of documenting their low income eligibility (e.g. did not file taxes, did not receive state assistance, and did not apply for financial aid).

I, \_\_\_\_\_, certify that my taxable income was below the qualifying income levels (see chart below).

I, \_\_\_\_\_, certify that I do not qualify under the low income guidelines.

**Federal TRiO Programs 2010 Annual Low Income Levels**  
(Effective January 2010 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$16,245	\$20,295	\$18,690
2	\$21,855	\$27,315	\$25,140
3	\$27,465	\$34,335	\$31,590
4	\$33,075	\$41,355	\$38,040
5	\$38,685	\$48,375	\$44,490
6	\$44,295	\$55,395	\$50,940
7	\$49,905	\$62,415	\$57,390
8	\$55,515	\$69,435	\$63,840

For family units with more than eight members, add the following amount for each additional family member: \$5,610 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$7,020 for Alaska; and \$6,450 for Hawaii.

## PART 9: FINANCIAL AID STATUS

- |   |   |
|---|---|
| <input type="checkbox"/> Applied for Financial Aid  | <input type="checkbox"/> Have not heard from Financial Aid        |
| <input type="checkbox"/> Approved for Financial Aid | <input type="checkbox"/> On Financial Aid probation or suspension |
| <input type="checkbox"/> Did not apply              | <input type="checkbox"/> Not approved for Financial Aid           |

## PART 10: NEED FOR ACADEMIC SUPPORT SERVICES

Please check all needs that apply to you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Improve spelling             | <input type="checkbox"/> Improve writing skills         | <input type="checkbox"/> Receive transfer information |
| <input type="checkbox"/> Improve general study habits | <input type="checkbox"/> Improve math skills            | <input type="checkbox"/> Make career decisions        |
| <input type="checkbox"/> Improve note taking skills   | <input type="checkbox"/> Improve vocabulary             | <input type="checkbox"/> Plan college courses         |
| <input type="checkbox"/> Improve time management      | <input type="checkbox"/> Increase reading speed         | <input type="checkbox"/> Reduce math anxiety          |
| <input type="checkbox"/> Improve test taking skills   | <input type="checkbox"/> Increase reading comprehension |   |
| <input type="checkbox"/> Enhance memory               | <input type="checkbox"/> Improve grade point average    |   |

Check any of the following items that describe you:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Out of school too long        | <input type="checkbox"/> Panic during tests           | <input type="checkbox"/> May need personal counseling            |
| <input type="checkbox"/> Afraid of failing in college  | <input type="checkbox"/> Few computer skills          | <input type="checkbox"/> Difficulty participating in discussions |
| <input type="checkbox"/> Difficulty finding child care | <input type="checkbox"/> Unsure of college procedures | <input type="checkbox"/> Little experience on the Internet       |
| <input type="checkbox"/> Afraid I might not fit in     | <input type="checkbox"/> Difficulty managing money    |  |
| <input type="checkbox"/> Difficulty meeting new people | <input type="checkbox"/> Difficulty meeting deadlines |  |

What obstacles(s) would most likely prevent you from completing your academic goals?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Poor study habits        | <input type="checkbox"/> Bad grades                  | <input type="checkbox"/> Dealing with bills             |
| <input type="checkbox"/> Lack of money            | <input type="checkbox"/> Take things too seriously   | <input type="checkbox"/> Family medical problems        |
| <input type="checkbox"/> Taking the wrong classes | <input type="checkbox"/> Problems at home            | <input type="checkbox"/> Separation or divorce          |
| <input type="checkbox"/> Always worrying          | <input type="checkbox"/> Trouble sleeping            | <input type="checkbox"/> Recurring health concerns      |
| <input type="checkbox"/> Too shy                  | <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> Alcohol and/or drug problems   |
| <input type="checkbox"/> Easily distracted        | <input type="checkbox"/> Feeling depressed or sad    | <input type="checkbox"/> No support from family/friends |

Which of the following services are you interested in? (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Academic Advisement      | <input type="checkbox"/> Peer Mentor         | <input type="checkbox"/> Cultural Events/Workshops         |
| <input type="checkbox"/> Financial Aid Advisement | <input type="checkbox"/> Tutoring            | <input type="checkbox"/> Transfer Advisement               |
| <input type="checkbox"/> Career Counseling        | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Campus Tours – four year colleges |

## PART 11: PROGRAM PARTICIPATION REQUIREMENTS

By initialing each of these requirements, you agree to the terms listed below to be a participant in the **TRiO Project Success** Program.

- |   |               |
|---|---------------|
| 1. Participant agrees to meet with SSS staff at least once every two weeks during each semester.    | Initial _____ |
| 2. Participant agrees to attend a minimum of two (2) cultural events and/or workshops per semester. | _____         |
| 3. Participant agrees to carry a 2.0 Cumulative GPA per semester.                                   | _____         |

**PART 12: PARTICIPANT AGREEMENT & RELEASE OF INFORMATION**

Name \_\_\_\_\_ S# \_\_\_\_\_  
(Please Print)

I authorize the **TRiO Project Success** Program staff to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in the program. I also grant permission to the ADA office to release information to **TRiO Project Success** if I fall under the disability status. I understand that this information is used to help determine my eligibility for the program and kept strictly confidential. \_\_\_\_\_ (student signature)

I grant permission for the **TRiO Project Success** Program to gather information for follow-up whenever appropriate, including, but not limited to, transfer and progress to 4-year institutions. \_\_\_\_\_ (student signature)

I am aware that my eligibility, GPA, and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported. \_\_\_\_\_ (student signature)

I also, hereby authorize the use of my photographic image in any and all publications, such as the monthly newsletter, newspaper articles, and campus-wide e-mail notices. I authorize Pueblo Community College to use my name, photo, or information about me in promotion of the college through radio, television, or other printed materials. I understand that my picture could come from a digital image such as my file or from photos taken on various field trips and social events. \_\_\_\_\_ (student signature)

I am aware that personal information provided to the **TRiO Project Success** Program will be protected under the Federal Education Rights & Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for Pueblo Community College and **TRiO Project Success** Program.

**PART 13: AFFIDAVIT OF TRUTH STATEMENT**

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

Student: \_\_\_\_\_  
(Signature) (Date)

**TRiO Project Success** Program Director: \_\_\_\_\_  
(Signature) (Date)

**PART 14: APPLICATION SUBMISSION**

**Submit this application to:**

TRiO Project Success  
Pueblo Community College  
900 West Orman Avenue, Room AB-174  
Pueblo, Colorado 81004

**Your application will be incomplete if you:**

- have not filled out all sections,
- have not initialed and signed application in appropriate places,
- have not attached signed income verification.

**An application review appointment will be made for you. If you cannot attend that appointment you will need to reschedule. If both appointments are missed, your application will not be reviewed and you will not be considered for enrollment into the program.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Program Representative Signature**

**CONTACT INFORMATION**

AB 174  
(719) 549-3045  
[ProjectSuccess.PCC@pueblocc.edu](mailto:ProjectSuccess.PCC@pueblocc.edu)

**OFFICE USE ONLY**

Accepted As:

- Low Income & First Generation
- Disabled & Low Income
- Low Income Only
- First Generation Only
- Disabled Only

Program Entry Date: \_\_\_\_\_

Program Entry GPA: \_\_\_\_\_

Cohort Group: \_\_\_\_\_

Program Entry Level

- 1<sup>st</sup> year never attended college
- 1<sup>st</sup> year attended before
- 2<sup>nd</sup> year sophomore

Academic Need: \_\_\_\_\_

Institution Entry Date: \_\_\_\_\_

SS# \_\_\_\_\_

Institution Entry Level: \_\_\_\_\_

Administrative Assistant \_\_\_\_\_

Entered in SA \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

**TRiO Student Support Services** is a federally funded program that provides opportunities for academic development, assists students with basic college requirements, and serves to motivate students toward the successful completion of their postsecondary education. The goal of the program is to increase the college retention and graduation rates of its participants and help students make the transition from one level of higher education to the next. Services include instruction in basic study skills; tutorial services; academic, financial, or personal counseling; assistance in securing admission and financial aid for enrollment in four-year institutions; and guidance on career options.

Two-Thirds of the participants must be first-generation and low-income, or have a documented disability.

One-third of the participants can be either first-generation, or low-income, or have a documented disability.

First-generation: as defined by the U.S. Department of Education's TRIO program, "first-generation students are defined as students whose parents have never earned a bachelor's degree ..."

Low-income: as defined by the U.S. Department of Education's TRIO program, "an individual whose family's taxable income for the preceding year did not exceed 150% of the poverty level."

***\* Please see application for annual low-income levels***

Three main objectives of the Student Support Services grant/program:

Persistence – attendance from one semester to another

Good Academic Standing – maintain a 2.0 cumulative GPA

Graduation/Transfer – graduate and/or transfer to four-year school within four years

Partial list of services provided by the program (free of charge to all **TRiO Project Success** participants:

Tutorial Services – Individual, Group, or Drop-In tutoring

Peer mentors – all first year students are assigned a Peer Mentor (2<sup>nd</sup> year students)

Workshops and cultural events – skills, budgeting, and museum tours, etc.

Transfer tours – six tours each semester to a four-year institution

Equipment checkout – laptops, graphic calculators, and tape recorders

Textbook loan program – BIO, COM, ENG, REA, MAT, PSY, and SCI

***How well do First Generation College Students succeed and persist? "... those whose parents have no education beyond high school are considerably less likely to succeed than those whose parents have completed a bachelor's degree."***