

Central Lakes College - TRIO - Student Support Services Program

Application Form

501 West College Drive, Brainerd, MN 56401
1-800-933-0346 Ext. 8019

Central Lakes College's Student Support Services Program is a TRIO program funded through the United States Department of Education

Personal Data

Date of this Application: _____ Student ID: _____

Name: _____ SSN: _____ - _____ - _____
Last First Middle

Local Address: _____ Permanent Address: _____
Street/Box # Street/Box #
City City
State Zip Code State Zip Code

Local or cell Phone: (_____) _____ Permanent Phone: (_____) _____

E-Mail Address: _____ Birth Date: ____/____/____
MM DD YY

Male _____ Female _____ Single _____ Married _____

How would you describe yourself: (check one)

- ____ American Indian or Alaskan Native
- ____ Asian
- ____ Black or African-American
- ____ Hispanic or Latino
- ____ White
- ____ Native Hawaiian or Other Pacific Islander
- ____ More than One Race

Citizenship:

- ____ United States Citizen
- ____ Permanent Resident
- ____ Other

Initial Assessment

When did/will you first enroll at Central Lakes College? Term _____ Year _____

Current/Anticipated number of credits: _____ Full Time _____ Part Time _____
Day Student _____ Evening Student _____ Campus: Brainerd _____ Staples _____

What degree are you seeking? _____

Are you planning to transfer to a 4 year college? Yes _____ No _____

What is your career choice? _____

How did you find out about TRIO/ Student Support Services Program? _____

Are you a Post Secondary Educational Option (PSEO) Student? _____

Please check which areas of assistance you would like to utilize in Student Support Services:

- Academic Advising/Degree Planning _____ Tutoring _____ Scholarships _____
- Choosing a major or career _____ Cultural /Personal Development Activities _____
- Study Strategies _____ Transfer Assistance _____ Financial Aid Advising _____

Eligibility Information

If you/your family filed for income tax last year, what was the taxable income?

_____ Less than \$15,315	_____ Less than \$41,415	<u>Form</u>	<u>Line</u>
_____ Less than \$20,535	_____ Less than \$46,635	1040	43
_____ Less than \$25,755	_____ Less than \$51,855	1040A	27
_____ Less than \$30,975	_____ More than \$51,855	1040EZ	6
_____ Less than \$36,195			

_____ **Number of people in your family**

Who are the family members in your household (excluding yourself)?

<u>Family Members</u>	<u>Relationship to You</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you apply for financial aid for the current school year? Yes _____ No _____

Are you eligible for Federal Pell Grant? Yes _____ No _____ Don't Know _____

What is the highest level of education COMPLETED by the parent(s) you grew up with?

	<u>Grade</u>	<u>High</u>	<u>2-Year</u>	<u>4-Year</u>	<u>Beyond</u>
	<u>School</u>	<u>School</u>	<u>College</u>	<u>College</u>	<u>4-Year</u>
<i>Mother</i>	_____	_____	_____	_____	_____
<i>Father</i>	_____	_____	_____	_____	_____

Do you have a documented disability: Yes _____ No _____

Where is the documentation located: _____

Release of Information

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct. Furthermore, I understand that by applying for the Student Support Services Program, I authorize Student Support Services Program staff to obtain records or data pertinent to my participation from other sources, and to release information, as required by law of the terms of the Student Support Services grant, to the grant-funding agency of the United States government. The Student Support Services Program staff has my permission to communicate verbally or otherwise with staff, faculty, and/or off-campus professionals on my behalf.

Student Signature

Date