



# TRIO Student Support Services Application

## Central Lakes College

501 West College Drive, Brainerd, Minnesota 56401

saustin@clcmn.edu

1-800-933-0346 Ext. 8045

All services are FREE to program participants thanks to a grant from the U.S. Department of Education and in-kind support from Central Lakes College. All participants meet federal program eligibility guidelines.

<b>Name:</b> _____  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Current Mailing Address:</b>                   Street or P.O. Box _____                   Apartment # _____                   City/State/Zip _____             </td> <td style="width:50%; vertical-align: top;"> <b>Permanent Mailing Address:</b>                   Street or P.O. Box _____                   Apartment # _____                   City/State/Zip _____             </td> </tr> </table>		<b>Current Mailing Address:</b>  Street or P.O. Box _____  Apartment # _____  City/State/Zip _____	<b>Permanent Mailing Address:</b>  Street or P.O. Box _____  Apartment # _____  City/State/Zip _____	<b>Date of Application:</b> _____  <b>Student ID (not Star ID):</b> _____  <b>SSN:</b> _____-_____-_____  <b>Cell Phone:</b> (_____) _____  <b>Personal e-mail:</b> _____  <b>College e-mail:</b> _____  <b>Birth Date:</b> ____/____/____																			
<b>Current Mailing Address:</b>  Street or P.O. Box _____  Apartment # _____  City/State/Zip _____	<b>Permanent Mailing Address:</b>  Street or P.O. Box _____  Apartment # _____  City/State/Zip _____																						
<b>Citizenship:</b> ___ United States ___ Permanent Resident ___ Other  <b>Are you Hispanic or Latino</b> (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? ___ Yes ___ No  <b>Racial background ( Select all that apply):</b> ___ <b>American Indian or Alaskan Native</b> A person having origins in any of the original place of North or South America (including Central America) who maintains culture identification through tribal affiliation or community attachment. ___ <b>Asian</b> A person having origins in any of the original peoples of the Far East, South East Asia or the Indian sub continent. ___ <b>Black or African American</b> A person having origins in any of the black racial groups of Africa. ___ <b>Native Hawaiian or other Pacific Islander</b> A person having origins in any of the original peoples in Hawaii, Guam, Samoa, or other Pacific Islands. ___ <b>White</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.		<b>Are you a Veteran?</b> ___ Yes ___ No  <b>Is English your first language?</b> ___ Yes ___ No  <b>Are you a PSEO student?</b> ___ Yes ___ No  <b>Have you earned your:</b> ___ High School Diploma ____/____ Date ___ GED ____/____ Date  <b>Has either of your natural parents, or adoptive parents, completed or earned a 4-year college degree?</b> ___ Unknown ___ Yes ___ No  <b>Have you participated in a TRIO program such as: Talent Search, Upward Bound, or Student Support Services?</b> ___ Yes ___ No  If yes, where? _____																					
<b>Please check which areas of assistance you would utilize?</b> ___ Academic Advising/Degree Planning ___ Transfer Advising ___ Financial Aid Advising ___ Choosing a Major or Career Direction ___ Budgeting for College/Scholarships ___ Computer Lab & Printing Services ___ Study Strategies/Tutoring ___ Professional Networking	<b>What is the <u>highest</u> level of education <u>completed</u> by the parents you grew up with?</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Unknown</th> <th>Grade School</th> <th>High School</th> <th>2-year College</th> <th>4-year College</th> <th>Beyond 4-year</th> </tr> </thead> <tbody> <tr> <td>Mother</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Father</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Unknown	Grade School	High School	2-year College	4-year College	Beyond 4-year	Mother	_____	_____	_____	_____	_____	_____	Father	_____	_____	_____	_____	_____	_____
	Unknown	Grade School	High School	2-year College	4-year College	Beyond 4-year																	
Mother	_____	_____	_____	_____	_____	_____																	
Father	_____	_____	_____	_____	_____	_____																	
PLEASE CONTINUE & COMPLETE BACK PAGE																							


## Academic and Transfer Plans


What is your academic major or interest? \_\_\_\_\_ Are you undecided? \_\_\_\_ Yes \_\_\_\_ No

What is your career plan or interest? \_\_\_\_\_ Are you undecided? \_\_\_\_ Yes \_\_\_\_ No

Have you taken any college courses? \_\_\_\_ Yes \_\_\_\_ No If **yes**, where: \_\_\_\_\_

What is your academic goal at our Central Lakes College:

\_\_\_\_ Graduate with a degree and transfer to a 4-year institution. 

\_\_\_\_ Take courses here and then transfer to a 4-year institution. 

\_\_\_\_ Take courses here and then transfer to another 2-year institution.

\_\_\_\_ Graduate with a degree and go directly into my career field. I am not considering transferring to a 4-year institution.

College you are planning to transfer to, if known:

What degree are you seeking? \_\_\_\_ A.A. \_\_\_\_ A.S. \_\_\_\_ A.A.S. \_\_\_\_ Diploma \_\_\_\_ Certificate \_\_\_\_ Undecided \_\_\_\_ Classes only; not seeking a degree

## Financial Eligibility Information

Do you need financial aid to go to college? \_\_\_\_ Yes \_\_\_\_ No

Are you eligible to receive financial aid? \_\_\_\_ Yes \_\_\_\_ No

If **yes**, have you applied for financial aid? \_\_\_\_ Yes \_\_\_\_ No

If **yes**, do you have a financial aid letter? \_\_\_\_ Yes \_\_\_\_ No

If **yes**, do you receive the Pell Grant? \_\_\_\_ Yes \_\_\_\_ No

Who are the family members in your household (excluding yourself)? List the ages of those under 24.

<u>Family member</u>	<u>Relationship to you</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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 Service staff to obtain records or data pertinent to my participation from other sources such as: National Student Clearing House, 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