



STUDENT SUPPORT SERVICES

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Student Support Services Application

Personal Data

Name _____
Last - First - Middle Initial

SSN ___-___-___ Student ID _____ Birth Date ___-___-___

Are you a U.S. Citizen? Yes No Gender: Female Male Other
If no, are you a permanent resident of the U.S. or have you applied for citizenship? Yes, my residency number is _____

Mailing address _____
PO Box/Street - City - State - Zip Code

Physical address (if different from mailing address) _____

Home phone ___-___-___ Cell phone ___-___-___

Email _____

Ethnicity/Citizenship

Check all that apply to you:
 American Indian/Alaskan Native Black/African American
 White Asian
 Native Hawaiian/Other Pacific Islander

Are you Hispanic or Latino? Yes No

Disabilities Status

Do you have a physical, mental or learning disability? Yes No

Office documentation must be on file with Disability Services Office in order for you to qualify for SSS as a student with a disability (i.e. medical diagnosis summary, documented educational accommodation request, etc.).

First Generation Status

Have either of your parents received/earned a 4-year college degree? Yes No

Education Information

Plan of study _____

Do you plan to transfer to a 4-year college? Yes No If so, which college(s) are you considering

How did you hear about the TRIO program? _____

Financial information

Dependent (according to financial aid) Independent (according to financial aid)
 I certify that my family's taxable income for 2020 was \$ _____ and my family size was _____. Taxable income on IRS Tax Form 1040 can be found on line 11b.
 My family filed a foreign tax return. I certify that my family's taxable income for 2020 was \$ _____ and my family size was _____.
 I certify that my family had \$0 taxable income for the 2020 tax year.

Application is continued on the next page

Please indicate the source of non-taxable income and attach a copy of applicable non-taxable income documentation:

- | | |
|---|--|
| <input type="checkbox"/> Title XIX (Medicaid) | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Family Investment Program (FIP) | <input type="checkbox"/> I received no taxable income during the 2017 tax year |
| <input type="checkbox"/> Untaxed pensions | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Untaxed Social Security benefits | and have no documentation. |
| <input type="checkbox"/> Veterans' Benefits | |

Parent/Guardian Signature _____

Needs Assessment

Please check all services that Ellsworth Community College TRIO SSS program offers that you think you would use:

- | | |
|--|--|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Academic Skill Building Workshops |
| <input type="checkbox"/> Financial Aid Completion Assistance | <input type="checkbox"/> Career Guidance |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Financial Literacy Workshops | <input type="checkbox"/> Goal Setting |
| <input type="checkbox"/> Choosing a Major | <input type="checkbox"/> Transfer Advising |

Please check any of the following areas that you feel you need to improve on:

- | | |
|--|--|
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Note taking |
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Test Taking |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Reading Skills |
| <input type="checkbox"/> Study Habits | <input type="checkbox"/> Computer Skills |

Participation and Release of Information

I understand that if I enroll in the Student Support Services I must participate in activities designed to achieve my academic goals and promote my holistic development.

1. Release, I hereby give permission for the releases of the following information to the Student Support Service Staff: High School transcripts, college grade reports, SAT/ACT or ACCUPLACER scores, financial aid award/FAFS/ISIR information, billing information and, if applicable, documentation regarding status as an individual with a disability or any other information regarding my status as a Ellsworth Community College Student. I give Student Support Services permission to use photographs of me on websites, brochures or program related publications.
2. Privacy Act, I understand the information contained herein will be kept in confidence and will not be revealed to anyone except Student Support Services personnel, Ellsworth Community College official, or representatives of the United States Department of Education and in accordance with the Family Education Rights and Privacy Act (FERPA).
3. I certify that all the information provided on this application is true to the best of my knowledge. I also understand that any false information I have provided may result in the denial of my application and/or my immediate dismissal from the program.

Student Signature _____

TRIO Director Signature _____

Submit completed application to:



Kruse Main Hall
Ellsworth Community
College
1100 College Avenue
Iowa Falls, Iowa 50126
trio-sss@iavalley.edu

Ellsworth Community College TRIO-Student Support Services program is a federally funded U.S. Department of Education TRIO program.

Iowa Valley Community College District (which operates Ellsworth Community College, Marshalltown Community College, Iowa Valley Grinnell, and Iowa Valley Continuing Education) is accredited by The Higher Learning Commission (www.ncahlc.org; ph. 312-263-0456), the Iowa Department of Education, and the National Alliance of Concurrent Enrollment Partnerships; some individual degree programs are also accredited by agencies specific to those areas of study. IVCCD is a member of the North Central Association of Colleges and Schools. IVCCD has articulation agreements with Iowa's Regent universities and many other colleges in Iowa and the Midwest. August 2019