

Office Use Only: __FG __LI __D

Accepted Director initials _____

Denied Program entry date: _____

Waiting list _____

\$ _____ Family's taxable income

_____ Size of family unit

Student Support Services Application

The lack of a completed FAFSA and any incomplete fields will delay the processing of this application

Personal Data

Name _____ Student ID _____
 Last First Middle Initial

Last 4 of Social Security # _____ Gender: Female Male Date of Birth _____

Current Address _____
 PO Box/Street City State Zip Code

Permanent Address (if different than above) _____
 PO Box/Street City State Zip Code

Home Phone _____ Cell Phone _____ Personal email address _____

First Generation Status

Has your mother received/earned a 4-year college degree? Yes No Unsure

Has your father received/earned a 4-year college degree? Yes No Unsure

Which parent did you regularly live with and receive support from during childhood? Mother Father Both Neither
 (up to the age of 18 - check one box only)

Disabilities Status

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

If yes, is your disability documented with Learning/Disability Services at MCC? Yes No Vocational Rehabilitation? Yes No

Did you have an IEP or 504 Plan in high school? Yes No

If you checked yes for any of the above, contact Martha Schwandt, Learning Services Specialist in Room 406 or call 641-844-5769.

Educational Information

Check all that apply: High School Diploma – year _____ GED – year _____ Out of school more than 5 years

In High School, did you participate in: TRIO Talent Search TRIO Upward Bound

Your current career goals/interests _____ or Undecided

Do you have a diploma, certificate, or degree from any college? Yes No

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

Ethnicity/Race/Citizenship

Are you Hispanic or Latino? Yes (Please check all that apply.)

White American Indian/Alaskan Native Black/African American

Asian Native Hawaiian/Other Pacific Islander

No (Please check an additional race listed below that you identify with)

White American Indian/Alaskan Native Black/African American

Asian Native Hawaiian/Other Pacific Islander

Are you a U.S. Citizen or Permanent Resident? U.S. Citizen Permanent Resident

Neither – **not eligible; please stop here**

If not a U.S. Citizen, what is your Permanent Resident Alien Number? |A| | | | | | | | | |

Essay Questions

What are your educational goals at MCC and beyond?

What have been obstacles, or what do you see as potential barriers to your academic success?

Why do you want to be accepted into TRIO Student Support Services?

FAFSA & Income Verification Information

Do you have a current FAFSA on file? Yes No

Are you receiving Pell Grant? Yes No

I am: An independent student A dependent student (You must provide parental information on the FAFSA.)

What is the size of your family unit? _____

If applicable, please submit the same taxes used to fill out the FAFSA for the year you will be/are attending MCC. (Example: 2019 taxes for the 2021-2022 academic year; 2020 taxes for the 2022-2023 year)

- I am submitting a signed copy of the first two pages of my/my spouse's 1040 FEDERAL tax return form or IRS tax transcripts (available at the [IRS website](#)) (ALL STUDENTS)
- I am submitting a signed copy of the first two pages of my parent(s) 1040 FEDERAL tax return form or IRS tax transcripts (available at the [IRS website](#)) (DEPENDENT STUDENTS)
- I/my spouse/my parent did not file taxes. Therefore, I am submitting a TRIO SSS Alternative Statement of Taxable Income form (available in TRIO office)

By signing below, I certify that the above information is true and correct to the best of my ability.

Student Signature _____

Parent/Guardian/Spouse Signature _____ Date _____

** To be fully considered for TRIO SSS and our scholarships, turn in copies of your family's tax returns or IRS Tax Transcripts. You can turn them in later, but it will delay our process until we receive them. IRS Tax Transcripts are free and can be ordered by calling 1-800-908-9946 or through <https://www.irs.gov/individuals/get-transcript>.*

Release of Information

I authorize the TRIO Student Support Services program staff to:

- gather information concerning all my academic progress (standardized test scores, transcripts, tutoring, etc.) and financial aid reports including Federal tax, FAFSA and verification of income prior to my participation in the program
- verify my claims of a documented disability either with the Learning Services Coordinator at MCC or Vocational Rehabilitation
- gather information for follow-up whenever appropriate, including, but not limited to, transfer and progress to 4-year institutions
- report my eligibility, GPA, and financial aid status to the U.S. Department of Education in accordance with the grant regulations
- use my name, photo, or information about me in all college media sources

Affidavit of Truth Statement

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

Signature required _____ Date _____

Return this completed form to:

Attn: TRIO SSS
Marshalltown Community College
3700 South Center Street
Marshalltown, Iowa 50158

Kathy Robbins
Room 111A
Kathy.Robbins@iavalley.edu
641-844-5728

Mandy Fox
Room 111B
Mandy.Fox@iavalley.edu
641-844-5759

