



STUDENT SUPPORT SERVICES

Office Use Only: __FG __LI __D	
<input type="checkbox"/> Accepted	Director initials _____
<input type="checkbox"/> Denied	Program entry date: _____
Waiting list	_____
\$ _____	Family's taxable income
_____	Size of family unit

Student Support Services Application

Marshalltown Community College
 3700 S. Center Street • Marshalltown, IA 50158
 641-752-7106 • 866-622-4748 • Fax 641-752-8149
 MarshalltownCommunityCollege.com

Please note: there will be a delay in processing your application if it is turned in with any incomplete questions or not turned in with a completed FAFSA.

Part 1: Personal Data

Name _____ Student ID _____
 Last - First - Middle Initial

Social Security # _____ Gender: Female Male

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 _____

Date of Birth _____

IAValley email address _____@iavalley.edu

Personal email address _____

Do you respond better to a phone call or email? Phone call email

Is it okay to text your cell phone? Yes No

T-shirt size _____

Part 2: 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?
 (up to the age of 18 - check one box only) Mother Father Both Neither

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?

Part 8: Miscellaneous

Check any of the following items which describe you:

- | | |
|--|---|
| <input type="checkbox"/> Afraid of failing in college | <input type="checkbox"/> May need personal counseling |
| <input type="checkbox"/> Difficulty finding child care | <input type="checkbox"/> Minimal computer/internet skills |
| <input type="checkbox"/> Difficulty managing money | <input type="checkbox"/> Test Anxiety |
| <input type="checkbox"/> Difficulty meeting deadlines | <input type="checkbox"/> Unsure of college expectations |
| <input type="checkbox"/> Difficulty meeting new people | <input type="checkbox"/> Unsure of college procedure |
| <input type="checkbox"/> Difficulty participating in discussions | |

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

- | | |
|---|--|
| <input type="checkbox"/> Financial Concerns | <input type="checkbox"/> Personal/Health concerns |
| <input type="checkbox"/> History of alcohol or drug use | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Inadequate academic preparation |
| <input type="checkbox"/> No support system | |

Part 9: FAFSA

Do you have a current FAFSA on file? Yes No

Are you receiving Pell Grant? Yes No

Part 10: 2017 Income Verification Information

I am: An independent student

A dependent student (You must provide parental information on the FAFSA.)

What is the size of your family unit? _____

Please check all that apply:

- I am submitting a signed copy of the first two pages of my/my spouse's 2017 1040 FEDERAL tax return form or IRS tax transcripts for 2017 (available at the [IRS website](#)) (ALL STUDENTS)
- I am submitting a signed copy of the first two pages of my parent(s) 2017 1040 FEDERAL tax return form or IRS tax transcripts for 2017 (available at the [IRS website](#)) (DEPENDENT STUDENTS)
- I/my spouse/my parent did not file 2017 taxes. Therefore, I am submitting a 2018-2019 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.

(This signature is ONLY for Income Verification Information)

Student Signature _____

Parent/Guardian/Spouse Signature _____

Date _____

Part 11: 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

Part 12: Scholarship Eligibility

- To be considered, turn in copies of your family's 2017 most recent IRS Tax Transcripts or tax returns.**

Part 13: Affidavit of Truth Statement

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

Signature required _____

Date _____

Received by _____

Return this completed form to:

Marshalltown Community College
3700 South Center Street
Marshalltown, Iowa 50158

Marnie Brown
Marnie.Brown@iavalley.edu
Room 111A

Mandy Fox
Mandy.Fox@iavalley.edu
Room 111B

It is the policy of Iowa Valley Community College District that no individual will be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by the District on the basis of actual or potential parental, family or marital status; age; color; creed; gender identity; national origin; physical or mental disability; race; religion; sex; or sexual orientation as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq).

Marshalltown Community College/MCC and Iowa Valley Grinnell/ IVG students who feel they have been discriminated against are advised to contact Dr. Patrick Kennedy, Equity Officer, at 641-844-5716 or Patrick.Kennedy@iavalley.edu. Complaints may also be filed with the Director of the Iowa Civil Rights Commission in Des Moines at (515) 281-4121 and/or the U.S. Department of Education, Office of Civil Rights, at the Chicago office, 500 W. Madison St., Suite 1475, Chicago, IL 60661; (312) 730-1560. Retaliation against any individual for reporting discrimination or assisting in providing information relevant to a report of discrimination is strictly prohibited by IVCCD and constitutes a violation of this policy. March 2018