

Offic	e Use Only:_	FGLID
	Accepted Denied Waiting list	Director initials Program entry date:
\$_		_Family's taxable income _Size of family unit

Student Support Services Application

The lack of a comp	pleted FAFSA and a	any inco	mplete fields will o	delay the	e processing o	f this application	
Personal Data							
Name	Student ID						
Last	First	Middle	Initial				
Last 4 of Social Security	#		Gender: 🛛 Female	Male	Date of Birth		
Current Address						<u> </u>	
	PO Box/Street	City	State		Zip Co	ode	
Permanent Address (if dit	fferent than above)			0.1			
			PO Box/Street	City	State	Zip Code	
Home Phone	Cell Phone		Personal err	nail addres	S		
First Generation Status							
Has your mother received	d/earned a 4-year colleg	e degree? [🗅 Yes 🗅 No 🗅 Unsu	ire			
Has your father received/	earned a 4-year college	degree? 🛛	IYes 🗆 No 🗅 Unsure	е			
Which parent did you reg	ularly live with and recei	ve support					
				(up to the	age of 18 - check o	one box only)	
Disabilities Status							
Do you have a physical, r	-	-					
	documented with Learn			Yes 🗆 No	Vocational Rehab	ilitation? U Yes U No	
Did you have an IEP or 5	04 Plan in high school?	🗆 Yes 🗖	No				
If you checked yes for a	any of the above, contac	t Martha So	chwandt, Learning Serv	vices Spec	ialist in Room 406	or call 641-844-5769.	
Educational Information	ı						
Check all that apply:	igh School Diploma – ye	ar	GED – year		Out of school n	nore than 5 years	
In High School, did you p	articipate in: 🛛 TRIO Ta	lent Search	n 🛛 TRIO Upward Bou	Ind			
Your current career goals	/interests				or [Undecided	
Do you have a diploma, certificate, or degree from any college? Ves No							
Do you plan to transfer to	a 4-year college? 🗅 Ye	s 🛛 No	If yes, which college	(s) are you	u considering?		
Ethnicity/Race/Citizens	hip						
Are you Hispanic or Latin	`		,				
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) 							
□ Wo (Flease check an additional race instea 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. Ci	itizen 🗆 Pe	ermanent I	Resident		
		-	ble; please stop here				
If not a U.S. Citizen, what	t is your Permanent Res	ident Alien	Number? A		<u> </u>		
Essay Questions							

What are your educational goals at MCC and beyond?

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?		
l am:	An independent student	A dependent student (Y	ou 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: 2022 taxes for the 2024-25 academic year; 2023 taxes for the 2025-2026 year)

- I am submitting <u>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 <u>IRS website</u>) (ALL STUDENTS)</u>
- □ I am submitting <u>a signed copy of the first two pages</u> of my parent(s) 1040 FEDERAL tax return form or IRS tax transcripts (available at the <u>IRS website</u>) (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		
<u> </u>		

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 <u>Mandy.Fox@iavalley.edu</u> 641-844-5759



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