When should I apply?
ASAP. Applications are accepted throughout the year, but program size is limited, so do not delay. Please answer all sections of the application. Your responses are necessary to determine program eligibility and will be kept confidential. Clear print in ink is appreciated.

Application Check List:

1) Complete the attached application.
2) Type/write a 250-word personal statement about yourself and your interest in the program.
3) Tax return from previous year.
4) Turn in application, statement, and taxes to RCB 239 and schedule an interview.

For guidance with the application process, visit the SSS main office or call 704-922-2363.

Contact
TRIO/Student Support Services (SSS)
239 Robinson Classroom Building (RCB)
Phone: 704-922-2363
Email: trio.sss@gaston.edu

What is SSS?
Student Support Services (SSS) is a federally-funded TRIO program that helps undergraduates meet the rigors of higher education, graduate from Gaston College, and/or transfer to a four-year institution. The program is designed for students whose socioeconomic backgrounds, educational records, and personal situations suggest they may experience challenges at Gaston College that could be alleviated with the use of student services.

Eligibility is based on federally defined criteria:
- students who meet low-income qualifications, and/or
- first-generation college students (parents have not earned a bachelor’s degree), and/or
- individuals who have documented disabilities
- and must have a GPA of 2.0 or higher

Also, SSS participants must:
- be US citizens or permanent residents
- commit to using academic support resources at Gaston College
- not hold a bachelor’s degree

How can SSS help?

Advising:
- Course Selection
- Choosing Majors and Careers
- Developing Graduation Plans
- Transfer Planning

Academic Support:
- Study Skills Workshops
- Tutoring
- Supplemental Instruction
- Writing, Math and Study Skills Assistance

Financial Assistance:
- FAFSA Forms and Scholarship Applications
- Tuition Credit for ACA 122
- Financial Literacy Workshops

Space and Referrals:
- Study Area with Computers and Printer
- Connections to Useful Resources

Four-year Transfer
- Transfer planning
- College tours
- Applications

Wellness and Cultural Activities
Community and Friendship
GASTON COLLEGE
TRIO/Student Support Services Student Application

First Name: __________________________ M.I.: ______ Last Name: ______________________

Preferred Name (Nickname): __________________________

GC ID#: __________________________ SSN: ___-___-____ Birth Date: ____/____/____

Sex: □ F □ M High School Grad Year & Location: __________________________

Current Address: Permanent Address:

________________________________________
(street) __________________________________
________________________________________
(street) __________________________
________________________________________
(city) (state) (zip) (city) (state) (zip)

Cell Phone: __________________________ Home Phone: __________________________

May we send you text messages? □ Yes □ No May we leave a message? □ Cell □ Home

Cell Phone Carrier: __________________________ Email: __________________________

Preferred Contact: Email Cell Phone Call Home Phone Call

Reliable Contact Person (likely to know how to reach me when I leave Gaston College):

Name: __________________________ Relationship: __________________________

Phone: __________________________ Email: __________________________

Address: __________________________________________
(street) __________________________________________
________________________________________
(city) (state) (zip)

Expected Degree, Major (ex. Associate in Applied Science, Business Administration)

________________________________________________________________________________

Expected Graduation Date (term and year): __________________________

Check all that apply or have applied:

☐ Participant in Title III
☐ Non-Gaston County resident
☐ GED graduate
☐ Financial Aid Recipient
☐ Transfer Student
☐ # of transfer credits __________
☐ Degree awarded (if any) __________
☐ Prior TRiO Participant at:

☐ Upward Bound
☐ Educational Talent Search
☐ Student Support Services
☐ Educational Opportunity Center
☐ NONE OF THE ABOVE

Check all that apply:

☐ African American or Black
☐ American Indian or Alaskan Native
☐ Tribal affiliation (optional):

☐ Asian
☐ Caucasian or White
☐ Hispanic or Latino
☐ Native Hawaiian or other Pacific Islander

Check one:

☐ U.S. Citizen
☐ Permanent Resident number: __________________________
☐ Non-resident
Eligibility Information
********************************************************

Low-Income Status

<table>
<thead>
<tr>
<th>Are you receiving financial aid for this year?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not, have you applied for aid?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you currently working?</th>
<th>No</th>
<th>Yes</th>
<th># of hours: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Study?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

For financial aid, you will be considered either **INDEPENDENT** of or **DEPENDENT** on the income earned by your parent(s) or legal guardian(s). **YOU ARE CONSIDERED INDEPENDENT ONLY IF ANY OF THE FOLLOWING APPLY** (Please check all that apply or have applied):

- [ ] Over 24 years of age by January 1st of the year you are applying for aid
- [ ] Active military service or [ ] Veteran or [ ] Military Reserves
- [ ] Ward of the State
- [ ] Provided dependency override by GC financial aid office
- [ ] Married
- [ ] Parent
  Age(s) of Child(ren): __________
  - [ ] Single Parent
  - [ ] Both parents are deceased

**If INDEPENDENT:**

- The total number of exemptions claimed on your last federal tax return: ____________________
- Your **ADJUSTED GROSS INCOME** (line 37 of 1040 Return, line 21 of 1040A Return): __________
- Your **TAXABLE INCOME** (line 43 of 1040 Return, line 27 of 1040A Return): __________

**If DEPENDENT:**

- The total number of exemptions claimed on your parents’ last federal tax return: ____________________
- Your **ADJUSTED GROSS INCOME** (line 37 of 1040 Return, line 21 of 1040A Return): __________
- Your **TAXABLE INCOME** (line 43 of 1040 Return, line 27 of 1040A Return): __________

*Please attach a copy of the first two pages of your tax forms (INDEPENDENT) or both your and your parents’ tax forms (DEPENDENT).*

I verify that the information relating to income and dependency status is true and accurate.

Student Signature: ____________________________ Date: __________

Staff Signature: ____________________________ Date: __________
First-Generation Status

Complete only for parent(s) or guardian(s) that you primarily lived with while attending high school. For other circumstances, please explain.

Who did you live with while attending high school?

PARENT/GUARDIAN #1 __________________________________________
PARENT/GUARDIAN #2 ___________________________________________

<table>
<thead>
<tr>
<th>PARENTS’ EDUCATIONAL BACKGROUND</th>
<th>PARENT 1</th>
<th>PARENT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did he/she graduate from high school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did he/she attend some college?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did he/she complete a four-year degree?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes: College/university name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I verify that the information relating to parent(s)’ educational background is true and accurate.

Student Signature: _____________________ Date: __________
Staff Signature _____________________ Date: __________

******************************************************

Disability Status

Please mark whether any of the following apply to you:

Do you have a documented disability?          Yes    No
Have you established eligibility for GC accommodations through Disability Services? Yes    No
Has it been five years or more since you last attended high school or college? Yes    No

I verify that the information relating disability status is true and accurate.

Student Signature: _____________________ Date: __________
Staff Signature _____________________ Date: __________
Needs & Goals

Please identify areas of need/concern that may affect your academic success:

ACADEMIC:
- Math
- Foreign Language
- Reading
- Writing
- English Proficiency
- Computer Skills
- Research Skills
- Study Skills
- Note Taking
- Organization
- Testing/Test Prep
- Time Management
- Access to computer/printer
- Other
- Access to computer/printer
- Other

ADVISING:
- Academic Grad Plan
- Course Selection
- Major/Minor
- Transfer to Four Year Institution
- General Ed. Req.
- Career Planning/Decisions

FINANCIAL:
- Budgeting
- FAFSA
- Grants or Scholarships
- Loans

TRANSFERRING:
- Search Process
- Applications
- Funding

PERSONAL:
- Stress Management
- Substance Abuse
- Relationships
- Anxiety or Depression
- Children/Childcare
- Eldercare
- Other (please specify)

TRIO/SSS offers assistance in the following areas, if accepted what services are you most likely to use?

- Academic Advising (Course selection / registration, long-term planning)
- Financial Aid Counseling (award letter evaluation)
- Academic Counseling (goal-setting, progress monitoring)
- Study skills development (workshops or individual)
- Personal/Social Advising (i.e. transition to college issue, transition to work issue)
- Career Counseling (planning, employment issues)
- Self-Advocacy skill building
- Campus climate issues
- Other; please state specific areas in which you would like assistance

How did you learn about TRIO/SSS?
Personal Statement

1. On a separate sheet of paper, please type a short paragraph (~250 words) stating why you are applying to the TRIO/SSS program. Comment on your commitment to the goals of program, why you want to participate and why should be selected, and how your participation in the program will affect your personal goals and career objectives. Comment on your expectations, benefits you hope to receive, and what commitments you are willing to make.

2. Please comment on the most likely complication that might interfere with or delay your graduation.

Enrollment plans for the current academic year [note number of credits or not enrolling (NE)]

Fall _________ Spring _________ Summer __________

I certify that the information I have provided on this application is, to the best of my knowledge, true and correct. Furthermore, I understand that by applying for this program, I authorize the Student Support Services Program to obtain records or data pertinent to my participation from other sources (including, but not limited to, Counseling, Student Financial Services, Disability Services Office, and Registrar’s Office), and to release information as required by law or the terms of the Student Support Services Grant, to the grantfunding agency of the federal government.

Student Signature: ___________________________________________ Date ___/___/_____

Staff Signature: ______________________________________________ Date ___/___/_____

Confidentiality

Gaston College SSS is asking you to provide information which includes private information under state and federal law. SSS is asking for this private information so that we can process your application for your admission to our program. This information will be used to evaluate your application for admission to determine whether you are a suitable candidate for admission into our program. You are not legally required to provide the information SSS is requesting, and you may refuse to provide some or all of the information requested. However, SSS may not be able to consider your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information (see release of information), access to this information will be limited to the individuals involved in our admission process (including the Office of Student Financial Services, Registrar’s and Disability Services Office) and the advisors and clerical personnel of the program. However, federal and state laws do authorize release of private information without your consent to: school officials who have legitimate educational interests in the information; the U.S. Dept. of Education for the purposes of program compliance, audit or evaluation; the juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system’s ability to serve you; an alleged victim of sexual assault, if you are the alleged perpetrator of the assault, and the release is of the result of a disciplinary proceeding against you related to the alleged crime; your parents, if your parents claim you as a dependent student for tax purposes; a court, grand jury, or state or federal agency, if the information is sought with a subpoena; appropriate persons in connection with an emergency, if necessary to protect your health or safety or the health or safety of others; if required by a court order, or permitted by other state or federal law.

Student Signature: ___________________________________________ Date ___/___/_____

Staff Signature: ______________________________________________ Date ___/___/_____

GASTON COLLEGE
TRIO / STUDENT SUPPORT SERVICES

RELEASE OF INFORMATION

All family and student information at TRIO / SSS is kept confidential and will not be released without permission. TRIO / SSS would like your permission to access and release family and student information for the following reasons:

1. TRIO / SSS must report student progress and eligibility information at Gaston College and transfer institutions to the U.S. Department of Education to demonstrate program effectiveness when submitting annual performance reports and requesting renewed funding.

2. Scholarship agencies, leadership, employment and educational programs contact TRIO / SSS to offer opportunities to participants. TRIO / SSS may release student information (addresses, grades, ethnic background, economic status, etc.) to these organizations.

3. Transfer college admission and financial aid offices will waive application fees for students from certain economic backgrounds and will discuss admission and financial aid opportunities with TRIO / SSS staff only if we have permission to release student information.

4. Transfer college admissions, financial aid, and/or registrar offices are permitted to verify and provide evidence of enrollment status to Gaston College TRIO/SSS for the purposes of demonstrating program effectiveness and reporting to the U.S. Department of Education.

5. Gaston College Financial Aid will provide us eligibility information and Financial Aid Award information with your permission.

6. Academic progress monitoring and consultation with faculty and instructional support staff for the purpose of students’ continued academic success and possible intervention by program staff.

I give TRIO / SSS permission to access and release information on my behalf for reasons listed above.

_____________________________________________________  ____/____/____
Student signature for permission to access and release information  Date

We like to recognize student achievements. Do you grant permission to include your name or picture for program related publicity, exhibits or displays? Please indicate preference:

☐ Permission to print name  ☐ Permission to print photo  ☐ Neither name nor photo

Student Signature: ____________________________________________  Date ____/____/_____ 

Staff Signature: _______________________________________________  Date ____/____/_____
Eligibility: _____ low income _____ first generation _____ disability

_____ Admit into TRIO/SSS program

_____ Waitlist for TRIO/SSS program (Admit date if applicable ______________________)

_____ Not admitted into TRIO/SSS program

___________________________________  ____/____/____
Project Coordinator’s signature          date