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, TRiO participants must:
- be US citizens or permanent residents
- commit to using academic support resources at Gaston College
- not hold a college degree

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

Application Check List:
1) Complete the attached application
2) Type/write a personal statement about yourself and your interest in the program
3) Provide a copy of your/guardians Tax return from the previous year
4) Submit application, statement, and taxes to RCB 239 and schedule an interview

For guidance with the application process, please visit the TRiO Center (RCB 239) or call 704-922-2363.

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

TRiO/Student Support Services is federally-funded by the U.S. Department of Education in cooperation with Gaston College. Gaston College is an equal opportunity educator and employer.
Student Information
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First Name: ___________________ M.I.: _____ Last Name: ___________________

Preferred Name (Nickname):

GC ID#: ___________________ SSN: ___ ___ - ___ ___ - ___ ___ ___ Birth Date: ___/___/_____

Sex: ☐ F ☐ M High School Grad Year & Location: ______________________________________

Physical Address: Mailing 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:
☐ GED graduate
☐ College Degree awarded (if any):

Check all that apply:
☐ African
☐ 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

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Low-Income Status - Please provide a copy of tax forms!

Are you receiving financial aid for this year? No Yes
If not, have you applied for aid? No Yes
Are you currently working? No Yes # of hours: __________
Work Study? No Yes

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

First-Generation Status

Regardless of your age, please list parent(s) or guardian(s) that you primarily lived with while attending high school. For other circumstances, please explain.

Parent/Guardian #1:________________________________________________________
Did he/she graduate from high school? Yes No
Did he/she attend some college? Yes No
Did he/she complete a four-year degree? Yes No If Yes, where: ___________________

Parent/Guardian #2:________________________________________________________
Did he/she graduate from high school? Yes No
Did he/she attend some college? Yes No
Did he/she complete a four-year degree? Yes No If Yes, where: ___________________

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 accommodations through Disability Services? Yes No

Did you have an established IEP during high school or at a previous college? Yes No
## Needs & Goals

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

### ACADEMIC:
- □ Math
- □ Reading/Writing
- □ English Proficiency
- □ Computer 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
- □ Anxiety or Depression
- □ Children/Childcare
- □ 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 (transition to college issue, transition to work issue)
- □ Career Counseling (planning, employment issues)
- □ Self-Advocacy skill building (student/instructor relations, etc.)
- □ Campus climate issues (campus environment)
- □ Other; please state specific areas in which you would like assistance

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How did you learn about TRiO/SSS?

__________________________________________
Confidentiality

Gaston College TRiO/SSS is asking you to provide information which includes private information under state and federal law. TRiO/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, TRiO/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

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 Gaston College TRiO 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 grant funding agency of the federal government. This information will be kept confidential and used only by SSS/TRiO to verify my eligibility.

Student Signature: ________________________________ Date: ____/____/____

OFFICE USE ONLY

Eligibility: ____ LI ____ FG ____ D  Academic Need: ______________________________

__________________________                  __________/____/____

Assigned Advisor

__________________________                  __________/____/____

Project Coordinator’s 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.

7. 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

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

Student Signature: __________________________ Date: ____/____/____