

TRiO
STUDENT SUPPORT SERVICES
PARTICIPANT APPLICATION

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MICKEY BAKER, DIRECTOR

	<u>SPARKS CAMPUS</u>	<u>WALLACE CAMPUS</u>
COORDINATORS OF SERVICES:	TERRI RICKS	BRANDY DOWDEY
SECRETARIES:	LISA PETERSON	KEYANA GRIFFIN
INSTRUCTIONAL COORDINATORS:	JANE FRENCH	KATHY LAWHORN
FIRST-YEAR COLLEGE EXPERIENCE ADVISORS:	MONCHEL HOLLINS	JERTAVIA LYMAN

Student Support Services (SSS) is a federally-funded TRiO Program under the U.S. Department of Education that aids students in graduating from college. Program participants must meet certain requirements set forth by the Department of Education. TRiO Student Support Services at Wallace Community College is committed to providing intensive, supportive, and proactive services that prepare students for a rigorous educational pursuit. TRiO Student Support Services and Wallace Community College are equal opportunity affiliations and, therefore, does not discriminate on the basis of sex, race, religion, or disability in admission or access to their programs.

Motto: "One transferee is the gateway for others to achieve their highest educational pursuit."

TRiO Student Support Services (SSS)
Participant Application

NOTE: Program participants must meet certain requirements set forth by the Department of Education. The following information will be used to determine your eligibility. All information will be held in confidence by the project staff. **PLEASE COMPLETE ALL INFORMATION REQUESTED. (Incomplete applications will not be considered.) PLEASE PRINT!**

PERSONAL DATA

Are you a U.S. citizen (or a permanent resident alien – Alien Reg. # _____)? Yes No

Name _____ Gender: Male Female
(Last) (First) (MI)

Mailing Address _____
(Street/P.O. Box) (City) (State) (Zip Code)

WCC Email address: _____
(We will be using this e-mail to notify you of upcoming events and workshops in the program.)

Other Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____ Student ID Number: _____ Date of Birth _____ MM/DD/YYYY

Marital Status: Single Married Divorced/Separated Widowed

Primary Language: English Other _____ Ethnicity: Hispanic Yes No

Race: African-American/Black Asian Hawaiian/Pacific Islander
 Hispanic or Latino Native American/Alaskan Native White
 Other (specify) _____

Emergency Contact: Name _____ Relationship _____ Phone# _____

Hispanic/Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

FAMILY INFORMATION AND VERIFICATION

All information shared with the Wallace Community College TRiO Student Support Services Program is strictly confidential and is used solely for determining student eligibility for program participation.

Enter the information pertaining to the adult(s) with whom the student resides (i.e. parent, stepparent, guardian, other relative). Documentation of parental educational background is required for a student to be considered for participation in the TRiO Student Support Services Program. Complete even if you no longer reside with your parents.

Father's Name _____
(Last) (First) (MI)

Educational Completion (Please Check) Grades 1 - 8 9 10 11 12

Does your father currently hold a Bachelor's degree? Yes No

If yes, from what collegiate institution did he earn his degree? _____

Is this individual your birth father? Yes No

If not, please indicate relationship: Stepfather Grandfather Uncle Other _____

Mother's Name _____
(Last) (First) (MI)

Educational Completion (Please Check) Grades 1 - 8 9 10 11 12

Does your mother currently hold a Bachelor's degree? Yes No

If yes, from what collegiate institution did she earn her degree? _____

Is this individual your birth mother? Yes No

If not, please indicate relationship: Stepmother Grandmother Aunt Other _____

ACADEMIC NEEDS

Do you meet at least one of the academic needs listed below? (check all that apply)

<input type="checkbox"/> Low high school grades (GPA below 2.0)	<input type="checkbox"/> College GPA 2.5 or below
<input type="checkbox"/> SAT/ACT scores below 20	<input type="checkbox"/> Failing grades
<input type="checkbox"/> Low admission scores (COMPASS)	<input type="checkbox"/> Out of school/college 5 years or more
<input type="checkbox"/> Enrolled in MTH 080, 090, 091, 092, or 098	<input type="checkbox"/> Limited English Proficiency
<input type="checkbox"/> Enrolled in ENG 080, 092, or 093	<input type="checkbox"/> Lack of educational and/or career goals
<input type="checkbox"/> Enrolled in RDG 080, 83, or 084	<input type="checkbox"/> Lack of academic preparedness for college level work
<input type="checkbox"/> GED	<input type="checkbox"/> Conditionally Admitted to WCC

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DISABILITY INFORMATION

Do you have any documented physical and/or learning disabilities? Yes No

Have you been accepted as a student with a disability by the ADA Compliance Officer? Yes No

If not, contact the appropriate ADA Compliance Officer:

Wallace Campus, Jean Dagostin, 334-556-2294

Sparks Campus, Earl Bynum, 334-687-3543, Ext. 4270

EDUCATIONAL INFORMATION

High School Name: _____ City & State _____

High School Graduation Date: _____ High School GPA: _____

GED, Year Received _____ City & State where GED was attained: _____

What assessment(s)? ACT SAT COMPASS

Are you a college graduate? Yes No

Have you earned any college credits? Yes No How many credits? _____ What is your GPA? _____

What is your Major (Program of Study) at WCC? _____ Degree: AAS AA AS Certificate

Academic Classification: Freshman Sophomore First Time Student Returning Student

Are you currently enrolled at WCC: Full-Time Part-Time ¾ Time ½ Time Less than ½ Time

Target completion date at WCC? _____ Do your goals include transferring to a 4-year college? Yes No

If you plan to transfer to a 4-year college, when? _____ Name of college _____

Have you been part of a TRIO program? No Yes Where? _____

Which program (check all that apply)? Talent Search Upward Bound Student Support Services

INCOME DOCUMENTATION

Note: Documentation of family income is required in order for a student to be considered for participation in TRiO Student Support Services. Please attach a copy of your most recent Federal Tax Return.

Section A — Family Size

How many people live in your household (include children away in school)? _____

Section B — Taxable Income

Do you or will you receive the Federal Pell Grant or other Title IV funds (WIA, TRA, TAA, AOP)? Yes No

Use your **current Federal Tax Return form** in completing this section. If you did not file a tax return, please complete Section C of this form. **If you are a dependent please use your parent's most recent Federal Tax Return.**

Please fill in your/parent's **Current Taxable Income** on the appropriate line. **DO NOT USE ADJUSTED GROSS INCOME** for this report.

\$ _____ **Line 43** - Form 1040 \$ _____ **Line 27** - Form 1040A \$ _____ **Line 6** - Form 1040EZ

Section C—Untaxed Income

If you did not file a tax return or if you received any untaxed benefits, please list the amount shown on your **current End of Year Statements** for all members of the family.

\$ _____ Child Support Received

\$ _____ Worker's Compensation

\$ _____ Welfare Benefits (Do not include food stamps.)

\$ _____ Social Security Benefits (not taxed)

\$ _____ Veteran's Benefits

\$ _____ Other untaxed income and benefits

THIS SECTION FOR SSS STAFF ONLY

(Check the applicant's family size and income option that best describes their situation.)

FAMILY INCOME

1 in family with taxable income less than \$16,245

5 in family with taxable income less than \$38,685

2 in family with taxable income less than \$21,855

6 in family with taxable income less than \$44,295

3 in family with taxable income less than \$27,465

7 in family with taxable income less than \$49,905

4 in family with taxable income less than \$33,075

8 in family with taxable income less than \$55,515

For families with more than 8 members, add \$5,610 for each additional member

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PROGRAM PARTICIPATION REQUIREMENTS

Initial

- ✓ Participant agrees to strive for 100% class attendance and 100% class completion. _____
- ✓ Participant agrees to maintain at least a 2.00 (C) GPA. _____
- ✓ Participant agrees to contact TRiO SSS staff prior to withdrawal from college. _____
- ✓ Participant agrees to attend tutoring sessions as scheduled or notify us of your absence (in advance, if possible). _____
- ✓ Participant agrees to attend mid-term evaluation sessions. _____
- ✓ Participant agrees to participate in at least one (1) cultural enrichment event per semester. _____
- ✓ Participant agrees to complete three (3) academic enrichment workshops. _____
- ✓ Participant agrees to attend at least one four-year college/university campus visit. _____

PARTICIPATION AGREEMENT & RELEASE OF INFORMATION

Initial

As a participant in the Wallace Community College TRiO Student Support Services (SSS) Program, I am committed to my education. To gain the full benefits of the SSS program, I will make a commitment to my academic goals and the assistance provided. I understand and will strive for 100% CLASS ATTENDANCE, 100% CLASS COMPLETION and A MINIMUM GRADE POINT AVERAGE OF 2.0. I also understand the SSS staff will review data from my application and interview to assist in assessing my academic and career planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the SSS staff permission to inquire about my class attendance, class work, tutoring sessions, and class progress, and I give my instructors permission to release such information to SSS staff when requested. The SSS staff will assist me in achieving my academic goals only if I uphold my responsibilities in accordance with the Needs Assessment Form. Should I not meet the requirements and fulfill my academic goals, it may result in serious consequences regarding my continuation as a participant in the SSS program. _____

I authorize TRiO SSS to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in SSS. I understand that this information is used to help determine my eligibility for SSS and kept strictly confidential. I grant permission for SSS to gather information for follow up whenever appropriate, including, but not limited to, transfer and progress to 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported. _____

I hereby authorize the use of my photographic image in any and all publications, such as the monthly newsletter, newspaper articles and campus-wide e-mail notices. I authorize WCC staff to use my name, photo or information about me in promotion of the college through radio, television or other printed materials. I understand that my picture could come from a digital image such as my file or from photos taken on various field trips and social events.

I grant permission for WCC staff to review and copy any information maintained as part of my school records including admission, grades, Federal Tax forms, financial aid, disabilities, and any other information pertinent to my status in the College or the SSS program. I am aware that personal information provided to TRiO Student Support Services will be protected under the Federal Education Rights Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for SSS, or are specifically authorized by me to see the information. _____

Signature

Date

Student: _____

Parent's Signature _____

By signing above, I attest the information contained in this document to be true and accurate to the best of my knowledge.

TRiO SSS APPLICANT ELIGIBILITY CRITERION (THIS SECTION FOR SSS STAFF ONLY)

Institution Entry Date: _____

Program Entry GPA: _____

ELGIBILITY

- Low Income & 1st Generation
- Low Income Only
- First Generation Only
- Disabled
- Disabled and Low Income

ACADEMIC NEEDS

- Low High School Grades
- Predictive Indicators
- Lack of educational/career goals
- Failing grades
- Lack of academic preparedness for college courses
- Need academic support to raise grades
- Limited English proficiency
- Low admission test scores
- Out of School > 5yrs
- Academic proficient tests
- Other
- High school equivalency

TRiO SSS Staff

Date

This applicant is declared: Eligible Ineligible as a TRiO Student Support Services Participant.

Director

Date

Comments: _____

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