**TRiO First-Year College Experience Program**

Please check one of the following:

I am interested in…

 [ ]  Becoming a TRiO SSS participant AND attend the First-Year College

Experience.

 [ ]  Becoming a TRiO SSS participant only.

Return application to:

Wallace Community College

TRiO SSS

Wallace Campus

1141 Wallace Drive

Dothan, AL 36303-9234

 Or

TRiO SSS

Sparks Campus

P.O. Drawer 580

Eufaula, AL 36027-0580

Phone Numbers:

334-556-2620

334-983-3521, ext. 2620

1-800-543-2426, ext. 2368

Fax:

334-983-6202

E-mail:

jlyman@wallace.edu





|  |
| --- |
| Name: Last Name M.I First Name  |
| Social Security Number: Date of Birth:  |
| Address:  |
| City: State: Zip Code:  |
| Cell Phone: Work Phone:  |
| E-mail Address: @  |

Are you a U.S. Citizen? Race (optional) Gender (optional)

How did you hear about TRiO Student Support Services? Choose an item.

Have you ever been a participant in (check all that apply)

Upward Bound [ ] Talent Search [ ]  EOC [ ]  SSS [ ]

***Tell us a little about your college plans:***

What is your intended program of study? Major

Do you plan to transfer to a 4-year college or university? Yes [ ]  No [ ]

Name of 4-year College or university where you plan to transfer: Name of College

Did either of your parents **graduate** with a bachelor’s degree from a 4-year college or university? Yes [ ]  No [ ]

Who did you regularly reside with and receive support from?

 Mother only[ ]  Father only [ ]  Both parents [ ]  Guardian [ ]

Do you have a disability that is documented through the office of Disability Services? Yes [ ]  No [ ]

Are you registered with Vocational Rehabilitation? Yes [ ]  No [ ]

Do you currently receive financial support from your family? Yes [ ]  No [ ]  (If “No” go to Section B)

Section A: What is the size of your family’s household, including yourself? Household # Does your family file a Federal Income Tax Return? Yes [ ]  No [ ]

 If yes, for the most recent tax year, what was their **“taxable income”**? $

Section B: What is the size of your household, including yourself and other dependents? \_\_

Do you file a Federal Income Tax Return? Yes [ ]  No [ ]

 If yes, for the most recent tax year, what was your **“taxable income”**? $

***Academic Eligibility Information:***

High School Graduate? Yes [ ]  No [ ]  High School GPA GPA ACT Scores; verbal ACT\_\_\_\_\_\_\_\_\_\_\_ ACT Scores; math ACT SAT Scores; verbal SAT \_\_\_\_\_\_\_\_\_\_ \_ SAT Scores; math SAT

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