

*Moving Students Progressively through College to Earn an Associate Degree*

**Program Application**

The following information is requested to determine your eligibility for program services. **Please answer each question.** Your information will be kept confidential and used only as outlined in the Release of Information authorization signed at the end of this application.

**Personal Information**

SS# \_\_\_\_\_ QCC Student ID# \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ QCC mail \_\_\_\_\_  
(Participants will be automatically added to a TRiO email list)

Cell Phone \_\_\_\_\_

Gender  Male  Female

Birth Date \_\_\_\_\_

Marital Status  Single  Married

**Program Eligibility**

Are you a U.S. citizen?  Yes  No If no are, you a Permanent resident?  Yes Registration #: A- \_\_\_\_\_  
 No

Is English your first language?  Yes  No If **NO**, what is your first language? \_\_\_\_\_

What is the ethnic group with which you most identify? (please check one)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native<br>Tribal Affiliation _____ | <input type="checkbox"/> Hispanic or Latino                      |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Multi-racial (more than one race)       |
| <input type="checkbox"/> Black or African American                                     | <input type="checkbox"/> Native Hawaiian, other Pacific Islander |
|  | <input type="checkbox"/> White or Caucasian                      |

Are you a high school graduate?  Yes  No If **YES**, YEAR completed? \_\_\_\_\_

Did you complete a GED or HS completion program?  Yes  No If **YES**, YEAR completed? \_\_\_\_\_

Are you receiving financial aid?  Yes  No

*TRiO uses FAFSA to verify income and number of dependents.  
In order to process your application you must complete or have completed a FAFSA for the current academic year.*

Do YOU have a degree or certificate from a 2 or 4 year college/university?  Yes  No

Did your FATHER/guardian graduate from a 4 year college/university?  Yes  No

Did your MOTHER/guardian graduate from a 4 year college/university?  Yes  No

Do you have a documented disability?  Yes  No

If you answered **YES**, is documentation of disability on file with Disabilities Services?  Yes  No

*TRiO verifies documentation of disability with Disability Services (DS).  
If you have a disability but are not registered with DS you will need to do so in order for your application to be processed.*

## Educational History

Is attending Quinsigamond Community College your **FIRST** college experience?

Yes

No

If **NO**, what other colleges have you attended, including dates?

---

## Educational Goals

What degree or Certificate are you seeking here at Quinsigamond Community College?

Certificate (less than 2 years) \_\_\_\_\_  Undecided \_\_\_\_\_ **Expected Graduation Date** (mm/yyyy) \_\_\_\_\_

Do you plan to transfer to a **FOUR-YEAR** College or University?  Yes  No

If **YES**, intended transfer institution \_\_\_\_\_ **Major** \_\_\_\_\_

## Support Needs

How can TRiO Student Support Services best support your educational goals? Please check all that apply:

Academic Advising

Cultural Activities

Tutoring

Study Skills

Advocacy

Financial Aid Advising

Mentoring

Transfer Advising

Career Development/Counseling

Personal Counseling/Support

Other: \_\_\_\_\_

How did you find out about the TRiO Student Support Services Program? \_\_\_\_\_

**Note: Applications are accepted throughout the year; however, acceptance into the program is each fall semester only. All applicants will be placed on a waiting list and notified when a slot becomes available.**

## Affidavit of Truth Statement and Release of Information

The information provided on this form is, to the best of my knowledge, accurate and true. I understand that by applying to the TRiO program, I authorize program staff to obtain records or data pertinent to my participation from other campus offices and/or public agencies. I understand that all information provided will be protected as confidential. **I understand that I am not eligible to receive TRiO program services until the application and interview process is complete.**

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Project Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---

### **Office Use Only**

Application Received \_\_\_\_\_ Intake Scheduled For \_\_\_\_\_ W/ \_\_\_\_\_ Data Input \_\_\_\_\_

Financial Aid Verification \_\_\_\_\_ DS Verification Sent \_\_\_\_\_ DS Verification Received \_\_\_\_\_

Director Signature \_\_\_\_\_ Program Eligible **Yes / No** Program Eligibility **FG/LI D D/LI**

Notes: \_\_\_\_\_

