



STUDENT SUPPORT SERVICES

# Student Support Services

Western Nebraska Community College 1601 E. 27<sup>th</sup> St. Scottsbluff, NE 69361  
(308) 635-6190 or (308) 635-6121 Toll-free 1-800-348-4435

DATE: \_\_\_\_\_

LAST 4 of SSN: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

GENDER:  F  M Pronouns \_\_\_\_\_

<b>For Office Use Only</b>		<b>Codes</b>	
Qualify _____	Does not Qualify _____	1=LI/FG	4=DI
Code _____	Need (1-15) _____	2=LI	5=DI/LI
Cohort Year _____	Semester/Year _____	3=FG	
FAFSA Filed _____	Pell Eligible? _____		
Y.E.S. Advisor _____		<input type="checkbox"/> <b>New Student</b>	
Entry Grade Level _____		<input type="checkbox"/> <b>Re-entry</b> (break in service)	
First Enrollment _____			
Project Entry Date _____			

CAMPUS:  **ALLIANCE**  **SCOTTSBLUFF**  **SIDNEY** Previous name? \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (MI) (First)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Residence Hall? (Check one) \_\_\_\_\_ Pioneer \_\_\_\_\_ Conestoga

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Are you willing to receive text message reminders of events? \_\_\_ Yes \_\_\_ No

WNCC EMAIL ADDRESS \_\_\_\_\_ OTHER EMAIL: \_\_\_\_\_

Alternate Address (Relative or Friend): Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Their Home Phone: \_\_\_\_\_ Their Cell \_\_\_\_\_ Their Work \_\_\_\_\_

WHICH ASSESSMENT/TESTS HAVE YOU COMPLETED?  Accuplacer  COMPASS  ACT/ SAT

**Please respond to the following two items:**

1. ETHNICITY: Hispanic or Latinx?  Yes  No

2. RACE: Select one or more races that apply among the following:

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

Please complete the following information. All answers are confidential and reported as group data for program documentation purposes only. **Incomplete applications will not be processed.**

Did either parent complete a 4-year college degree?  Y  N If yes, which parent? \_\_\_\_\_

Did you apply for Financial Assistance? (FAFSA)?  Y  N If yes, did you qualify? \_\_\_\_\_

Is your **taxable family income at or below** the limits in the chart below?  Y  N

Do you have a disability as defined by Section 504 of the ADA?  Y  N

Size of family unit	Continental U.S.	Alaska	Hawaii
1	\$19,320	\$24,135	\$22,230
2	\$26,130	\$32,655	\$30,060
3	\$32,940	\$41,175	\$37,890
4	\$39,750	\$49,695	\$45,720
5	\$46,560	\$58,215	\$53,550
6	\$53,370	\$66,735	\$61,380
7	\$60,180	\$75,255	\$69,210
8	\$66,990	\$83,775	\$77,040

For family units with more than 8 members, add the following amount for each additional family member: \$6,810 for the 48 Contiguous States, The District of Columbia and outlying jurisdictions; \$8,520 for Alaska; and \$7,830 for Hawaii. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount. The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the *Federal Register* on January 13, 2021.

**Previous TRIO program participant? Please check all that apply.**

Upward Bound     Student Support Services     Veterans Upward Bound     Talent Search     EOC

Where did you participate in the program? \_\_\_\_\_

**Check One:**     High School Graduation     GED Completion    Completion year? \_\_\_\_\_

Do you already have a college degree?     No     Yes     MA/MS     BA/BS     AA/AS     A.A. S.

**Please note: If you already have a bachelor's degree or higher, you are not eligible for SSS program services.**

College(s) transferred from: \_\_\_\_\_ Do you work?     No     Yes    **Hours per week?** \_\_\_\_\_

**Check One:**     Freshman (less than 30 credits)     Sophomore (more than 30 credits)

Academic Major? \_\_\_\_\_ Career Goal? \_\_\_\_\_

**CITIZENSHIP:**     US Citizen     International Student eligible for federal student aid  
 Have Alien Registration Card

**VETERAN?**     Yes     No    **PARENT?**     Yes     No    **SINGLE PARENT?**     Yes     No

**ASSISTANCE NEEDS ▼ (Please check all that apply)**

**Supplemental Instruction: Human Anatomy and Physiology?** \_\_\_\_\_ **Chemistry?** \_\_\_\_\_ **Algebra?** \_\_\_\_\_  
\_\_\_\_\_ **Other Math?** \_\_\_\_\_ **Other Science?** \_\_\_\_\_ **Other?** \_\_\_\_\_

**TUTORING:**     Math     Reading     Writing     English     Psychology     Other Subjects \_\_\_\_\_

**OTHER:**

<input type="checkbox"/> Scholarship Assistance	<input type="checkbox"/> FAFSA Assistance (Pell Grant)	<input type="checkbox"/> Free Printing
<input type="checkbox"/> Study Skills/Learning Styles	<input type="checkbox"/> Test Taking	<input type="checkbox"/> Budgeting for Students
<input type="checkbox"/> Parent Support Group	<input type="checkbox"/> Memory/Note-taking	<input type="checkbox"/> Money Management
<input type="checkbox"/> Stress/Time Management	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Career Information
<input type="checkbox"/> Transfer Assistance	<input type="checkbox"/> College Visits	<input type="checkbox"/> Other _____

**LONG-TERM EDUCATIONAL GOALS: Please note: Top priority is given to students who plan to pursue an Associate's Degree and/or transfer to a four-year college.**

<input type="checkbox"/> One-year Certificate	<input type="checkbox"/> Two-year Certificate	<input type="checkbox"/> Diploma
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Doctoral Degree/Law Degree/Medical Doctor Degree		

**Do you plan to transfer your credits to a four-year college?**     Yes     No

**Colleges to which you may transfer:** \_\_\_\_\_

**NEED CATEGORIES**

<b>For Office Use Only—Check One</b>	
____ Low high school grades (1)	____ Low admission test scores (02)
____ Predictive indicator (05)	____ Academic proficient tests (Accuplacer/COMPASS/ACT or SAT Scores) (06)
____ Low college grades (07)	____ High school equivalency (08)
____ Failing grades (09)	____ Out of academic pipeline 5 years or more (10)
____ Other (11) _____	____ Limited English proficiency (12)
____ Lack of educational and/or career goals (13)	____ Lack of academic preparedness for college level work (14)
____ Need for academic support to raise grade(s) in required course(s)/academic major (15)	
____ No response/Unknown (0)	

**PARTICIPATION AGREEMENT**

1. Graduate from WNCC within 4 years with a certificate, diploma or degree.
2. **Attend Supplemental Instruction sessions and tutoring as needed.**
3. Meet with a TRIO SSS Advisor/Success Coach or Assistant Director at least 2 times a semester to review your academic achievements and plans.
4. Meet with the WNCC Transfer Advisor if considering transfer.
5. Attend provided workshops, field trips and cultural events as possible.
6. Turn in paperwork needed for the TRIO SSS Program's federal records.
7. Maintain at **least half-time (6 credits)** enrollment.
8. Inform TRIO SSS staff immediately of changes in enrollment, address and phone number.
9. **File FAFSA and income information with the WNCC Financial Aid office.**
10. Maintain at least a **2.0** cumulative grade point average.
11. **Keep the TRIO SSS staff informed of current address and phone number.**
12. **Notify TRIO SSS staff if you drop classes or withdraw from college.**
13. Complete the Financial Literacy requirements.
14. Check Blackboard Community and WNCC email for announcements and email.

**Do you agree to the above terms? Check One:**  Yes  No

I certify that the information contained on this application is true and complete to the best of my knowledge. I understand that the TRIO SSS program staff will use the data provided on this application to assist in assessing academic need. Furthermore, I understand that information on this application and in my TRIO SSS paper and electronic files may be provided by TRIO SSS staff to Student Services personnel on a need-to-know basis.

\_\_\_\_\_  
Student Signature

INK PLEASE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

INK PLEASE

\_\_\_\_\_  
Date

**Release of Information**

By signing this form, I authorize the TRIO SSS staff to obtain any and all information and documentation necessary for ongoing evaluation of my academic pursuits, including the information on file at WNCC, as required by the United States Education Department. Furthermore, I agree to allow the SSS Program staff to release information to colleges to which I have applied for transfer, and to allow colleges to which I transfer to release information to the SSS program for tracking purposes.

**WNCC Website Policy**

Policy for use of Names, Images, Photographs, Video/Digital Recordings, Comments, or Voice in College Marketing, Advertisements, and Promotions.

In consideration of acceptance of enrollment at WNCC, or participation in College sponsored or hosted events, I authorize Western Nebraska Community College to use my name, image, and comments, including but not limited to photographs, video and audio recordings created or used for the purposes of publicity, marketing and advertising for the College.

To avoid having this information released, a student must contact the Office of the Registrar to submit a request that the student's name, image, photograph, comments, video and/or digital recordings not be used by WNCC. This form may be printed, filled out, and sent to the Office of the Registrar.

**TRIO Student Support Services is funded by the U.S. Department of Education at \$400,554**

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL