



# TRIO 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

All answers are confidential and reported as group data for program documentation and eligibility purposes only.

CAMPUS (select all that apply):  ALLIANCE  SIDNEY  
 SCOTTSBLUFF  ONLINE

**Incomplete applications will not be processed.**

LAST 4 of SSN: \_\_\_\_\_ **or** STUDENT ID: \_\_\_\_\_

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

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

(Previous Name) \_\_\_\_\_ Residence Hall? (Check one)  N/A  Pioneer  Conestoga  Other

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

MOBILE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

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

WNCC EMAIL ADDRESS: \_\_\_\_\_ @wncc.edu OTHER EMAIL: \_\_\_\_\_

ETHNICITY: Hispanic or Latinx?  Yes  No

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

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

Are you a... VETERAN?  Yes  No PARENT?  Yes  No SINGLE PARENT?  Yes  No

Did a parent/guardian complete a 4-year college degree?  Yes  No If yes, which parent/guardian? \_\_\_\_\_

Did you apply for Financial Assistance (FAFSA)?  Yes  No If yes, did you qualify?  Yes  No

Do you have a disability as defined by Section 504 of the ADA (including a military disability)?  Yes  No

Is your taxable family income at or below the limits in the chart below?  Yes  No

Size of family unit	Continental U.S.	Alaska	Hawaii
1	\$20,385	\$25,485	\$23,445
2	\$27,465	\$34,335	\$31,590
3	\$34,545	\$43,185	\$39,735
4	\$41,625	\$52,035	\$47,880
5	\$48,705	\$60,885	\$56,025
6	\$55,785	\$69,735	\$64,170
7	\$62,865	\$78,585	\$72,315
8	\$69,945	\$87,435	\$80,460

For family units with more than 8 members, add the following amount for each additional family member: \$7,080 for the 48 Contiguous States, The District of Columbia, and outlying jurisdictions; \$8,850 for Alaska; and \$8,145 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 12, 2022.

Check One:  High school. Graduation year? \_\_\_\_\_  GED. Completion year? \_\_\_\_\_

Do you already have a college degree?  Yes  No If yes, what degree?  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.

### 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.

- Diploma  One-year Certificate  Two-year Certificate  
 Associate's Degree  Bachelor's Degree  Master's Degree  Doctoral Degree/Law Degree/Medical Doctor Degree

**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.*

<p><b>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.</b></p>	
<p>_____</p> <p><b>Student Signature (USE INK PLEASE)</b></p>	<p>_____</p> <p><b>Date</b></p>
<p>_____</p> <p><b>Staff Signature (USE INK PLEASE)</b></p>	<p>_____</p> <p><b>Date</b></p>

**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

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