

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

DATE:	Qualify	For Office Use Only y Does not Qualify		
SSN:	Cohort	Need (1-15) t Year Semester/Year		
STUDENT ID:		A Filed Pell Eligible?		
		Advisor		
BIRTHDATE:	Entry C	Grade Level		
GENDER: F M Pronou	Ins Project	nrollment t Entry Date	(break in service)	
CAMPUS: ALLIANCE	SCOTTSBLUFF SIDNEY	Previous name?		
NAME				
(Last)	(MI) (First)			
ADDRESS(Current mailin	g address)	ГҮ STA'	TE ZIP	
(Current manni	g address)			
HOME PHONE	CELL PHONEWORK P		X PHONE	
Are you willing to receive text n	essage reminders of events?	Ves No		
	-			
WNCC EMAIL ADDRESS		OTHER EMAIL:		
Alternate Address (Relative or Fi	iend): Name			
Address	City	State	Zip	
Their Home Phone:	Their Cell	The	Their Work	
WHICH ASSESSMENT/TESTS	S HAVE YOU COMPLETED?	Accuplacer COMPASS	ACT/ SAT	
Please respond to the following	ng two items:			
1. ETHNICITY : Hispanic or L				
 2. RACE: Select <u>one or more</u> ra 				
American Indian or Alaskan N		<u> </u>	Plast on African American	
			Black or African American	
U White		Hawaiian or other Pacific Islander		
Please complete the following inf	formation. All answers are confid	lential and reported as group data for	r program documentation	
purposes only. Incomplete appli	cations will not be processed.			
Did either parent complete a 4-year	ar college degree? \Box Y \Box N	If yes, which parent?		
Did you apply for Financial Assis	tance? (FAFSA)?	If yes, did you qualify?		
Is your taxable family income at				
Do you have a disability as define	d by Section 504 of the ADA?	□ Y □ N		
Size of family unit	Continental U.S.	Alaska	Hawaii	
1	\$18,735	\$23,400	\$21,570	
2	\$25,365	\$31,695	\$29,190	
3	\$31,995	\$39,990	\$36,810	
4	\$38,625	\$48,285	\$44,430	
5	\$45,255	\$56,580	\$52,050	
6	\$51,885	\$64,875	\$59,670	
7 8	\$58,515	\$73,170	\$67,290	
-	\$65,145	\$81,465	\$74,910	

For family units with more than 8 members, add the following amount for each additional family member: \$6,630 for the 48 Contiguous States, The District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 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 11, 2019.

Previous TRIO program participant? Please check and Upward Bound Student Support Services Where did you participate in the program?	□ Veterans Upward Bound □ Talent Search □ EOC				
Check One: High School Graduation	GED Completion Completion year?				
Do you already have a college degree? No Please note: If you already have a bachelor's degree	Yes MA/MS BA/BS AA/AS A.A. S. e or higher, you are <u>not</u> 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 Inte	ernational Student eligible for federal student aid				
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? Physics? Other Math? Other Science?					
TUTORING: Math Reading Writing English Psychology Other Subjects					
OTHER: Scholarship Assistance Study Skills/Learning Styles Parent Support Group Stress/Time Management Transfer Assistance	FAFSA Assistance (Pell Grant) Free Printing Test Taking Budgeting for Students Memory/Note-taking Money Management Financial Aid Career Information College Visits 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.					
 One-year Certificate Associate's Degree 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					
	fice Use Only—Check One				
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
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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 needto-know basis.

Date

Date

Student Signature

INK PLEASE

INK PLEASE

Staff Signature

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 \$370,344

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL