

Section 1: STUDENT INFORMATION

First Name: _____ M.I. _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: (____) _____ May we text you? Yes No Alternate Phone: (____) _____
 Personal Email: _____
 Student ID #: A _____ Pima User Name: _____

Please select one or more of the following racial / **Ethnic** categories to describe yourself:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Hawaiian/Pacific Islander |

Male Female (Please select the **Gender** associated with your social security number)

(If any of these options do not meet your needs, please let your TRiO SSS representative know)

Section 2: ELIGIBILITY CRITERIA

Yes **No** Are you a U.S. Citizen or Permanent Resident?*

Yes **No** Do you have a documented disability?

If yes, are you registered with the Access and Disability Resource Office (ADR)? **Yes** **No** **In Process**

Yes **No** Are you a First Generation College Student?

A first generation college student is:

1. An individual neither of whose parents/guardians received a Bachelor's Degree;
OR
2. A student who, prior to the age of 18, regularly resided with and received support from only one parent/guardian who did not receive a Bachelor's Degree.

Complete **one section**, based on information from the most recent tax year:

I was an **independent student** (typically age 24 or older, married or emancipated; parental income is not reported on the FAFSA) complete and sign:

I was a **dependent student** (younger than 24, unmarried or not emancipated; parental income is reported on the FAFSA): parent/guardians must complete and sign:

INDEPENDENT STUDENT SECTION

DEPENDENT STUDENT SECTION

Number of people in household: _____
 Federal Taxable Income[^]: _____
 Student Name: _____
 Student Signature: _____
 Tax Year: _____

Number of people in household: _____
 Federal Taxable Income[^]: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____
 Tax Year: _____

[^] **Taxable Income (NOT adjusted gross income):** Form 1040 line 43, or Form 1040 A line 27, or Form 1040 EZ line 6.
 If taxes were not filed, please report total income from all sources.

Section 3: ACADEMIC & PROGRAMMATIC NEEDS

Yes* No Do you already have a Bachelor's degree?

What is your intended field of study/major? _____

What are your academic plans? (Please select one)

- | | |
|--|--|
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Clock hour/Workforce Certificate* |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Courses for Recreation* |
| <input type="checkbox"/> Degree for Transfer | <input type="checkbox"/> Transfer Credit Only* |

Check any that apply to you. I am, or have experienced:

- | | |
|--|--|
| <input type="checkbox"/> Low high school grades | <input type="checkbox"/> Out of school for five or more years |
| <input type="checkbox"/> Low college grades | <input type="checkbox"/> English as a second language |
| <input type="checkbox"/> A foster youth or emancipated minor | <input type="checkbox"/> Uncertain about educational or career goals |
| <input type="checkbox"/> Homelessness | |

Check any that you feel you need to achieve your academic goals:

- | | |
|--|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Career Development/Advising | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Financial Aid/Financial Literacy Advising | <input type="checkbox"/> Transfer Advising |

* If you checked any box with this symbol, you are ineligible for admittance to TRiO SSS

Section 4: STUDENT AUTHORIZATION

I certify that all the information on this form is true and complete to the best of my knowledge. I authorize the PCC SSS Project to obtain and review any academic, financial, disability or demographic information or documentation from staff and college instructors needed for the purposes of data collection and reporting, or progress monitoring, both at the time of my application and throughout my participation in the program.

I am also aware that the personal information that is provided to the Student Support Services Program will be protected under the Family Education Rights Privacy Act of 1974.

Student Signature

Date