

### **PSEO AND INTERNATIONAL STUDENTS ARE NOT ELIGIBLE FOR TRIO SSS**

#### **PERSONAL STUDENT DATA**

Student ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number/Street Apt. Number

\_\_\_\_\_ City State Zip Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ ARCC Email Address: \_\_\_\_\_  
(Example: jsmith1 – do not need to add @my.anokaramsey.edu)

Birth Date: Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_  Male  Female  Single  Married

Ethnicity – Hispanic/Latino: YES \_\_\_\_\_ NO \_\_\_\_\_

Citizenship:  
\_\_\_\_\_ United States Citizen

Race – Choose one or more:

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African-American
- \_\_\_\_\_ White
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Permanent Resident\*  
 \_\_\_\_\_ Refugee\*  
 Documentation verifying citizenship is required with your application (copy of green card or letter stating refugee status).

Emergency Contact (someone who will always know how to reach you):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship to You \_\_\_\_\_  
(City/State/ZIP code)

When did/will you first enroll at Anoka-Ramsey? Term \_\_\_\_\_ Year \_\_\_\_\_

Current/Anticipated number of credits: \_\_\_\_\_

(Check all of the following that apply) Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Day Student \_\_\_\_\_ Evening Student \_\_\_\_\_

What is the highest level of education COMPLETED by the parent(s) you grew up with?

	Grade	High School	2-Year College	4-Year College	Beyond College
Mother	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____

Please identify any disabilities (medical, psychological, learning) you have and any services you have received:

\_\_\_\_\_  
\_\_\_\_\_

#### **DOCUMENTATION OF YOUR DISABILITY IS REQUIRED WITH YOUR APPLICATION.**

Accommodations and services for disabilities are provided by the Office for Students with Disabilities. If accommodations/services are needed, please contact the Office for Students with Disabilities at 753-433-1350.

**FINANCIAL INFORMATION - REQUIRED**

A copy of your federal tax forms is required with your application. If you are 24 or younger, a copy of the first two pages of your parent's 1040 tax form is required.

Who are the family members listed on your (or your parent's) tax form (excluding yourself)?

Family Members	Relationship to You	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL STATEMENT**

Please tell us why you are interested in being a part of TRIO SSS and how you think this program will help you to be a successful student at Anoka-Ramsey Community College.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your ultimate academic goal for the next five years, and what will you do to accomplish that task?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What degree/major are you pursuing? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**STUDENT PUBLICITY RELEASE**

I agree that if I am accepted into the TRIO SSS program, the staff may include my name or picture in publications, including our website, which may list the names of TRIO SSS students receiving academic awards, such as the Dean's List, scholarships, service awards, and other academic achievements and accomplishments.

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

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

I grant permission to the TRIO SSS Program to:

- Obtain records or data pertinent to my participation from other sources, and to release information, as required by law or the terms of the Student Support Services grant, to the grant-funding agency of the United States government.
- Communicate verbally or otherwise with staff, faculty, and/or off-campus professionals on my behalf.
- Use my Social Security Number (SSN) to gather information for follow-up whenever appropriate, including, but not limited to transfer and progress to 4-year institutions.

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

\_\_\_\_\_  
Date

**PARTICIPANT CONTRACT**

I understand that if I am to receive services from this program I must accept the following responsibilities as a program participant:

1. To show academic progress toward my educational goal at Anoka-Ramsey Community College;
2. To complete an associate's degree from Anoka-Ramsey or complete an associate's degree from Anoka-Ramsey and transfer to a four-year institution to complete a bachelor's degree.
3. To arrange and attend an appointment with my advisor at least five times per semester;
4. To give up my spot in TRIO SSS if I fail to actively participate in the program.

I understand that I will have access to many services provided by the TRIO SSS program staff at no additional cost beyond my regular tuition and fees as an Anoka-Ramsey student. I also understand that my records will be treated confidentially by program staff as required by law and/or the terms of the federal TRIO program.

I certify that the information I have provided on this application is, to the best of my knowledge, complete and correct.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Submit this application to:**



**TRIO SSS**  
Anoka-Ramsey Community College  
(Cambridge Campus)  
300 Spirit River Dr. S  
Cambridge, MN 55008  
Phone: 763.433.1170 ext. 1

For further information, visit our website at [www.anokaramsey.edu](http://www.anokaramsey.edu) and you can find us under Student Resources.

TRIO Student Support Services is a federally funded program with in-kind support from Anoka-Ramsey Community College.

**THIS PAGE IS FOR OFFICE USE ONLY:**

<b>Date application received:</b>				
<b>Intake appointment date/time/advisor:</b>				
<b>Tax information included:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Permanent Resident Card</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
<b>Disability documentation included:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
Accept <input type="checkbox"/>	Defer <input type="checkbox"/>	Wait List <input type="checkbox"/>	Not Qualified <input type="checkbox"/>	Deny <input type="checkbox"/>

SSS Entry Date	First ARCC Enrollment Date	Cohort Year	No Publications						
			<b>Academic Need</b> (Select all that apply, and circle primary need)						
<b>Program Status</b>			<input type="checkbox"/> Low HS grades <input type="checkbox"/> Low admissions scores <input type="checkbox"/> Predictive indicator <input type="checkbox"/> Diagnostic Tests <input type="checkbox"/> Low college grades <input type="checkbox"/> HS equivalency <input type="checkbox"/> Failing grades <input type="checkbox"/> Out of pipeline 5+ yrs. <input type="checkbox"/> Other <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Lack of educational and/or career goals <input type="checkbox"/> Lack of preparedness for college level work <input type="checkbox"/> Need for academic support to raise grade(s)						
<input type="checkbox"/> Active									
<input type="checkbox"/> Pending									
<b>Eligibility</b>									
<input type="checkbox"/> FG - Date verified _____									
<input type="checkbox"/> LI - Date verified _____									
Taxable Income \$ _____									
No. in household _____									
<input type="checkbox"/> D - Date documented _____			<b>Major</b> _____						
<b>Program Entry Level</b>			<b>Participant Status</b>						
<input type="checkbox"/> 1st yr. never attended			<input type="checkbox"/> New participant for reporting period						
<input type="checkbox"/> 1st yr. attended before			<input type="checkbox"/> New participant summer earning credit						
<input type="checkbox"/> 2nd yr. - sophomore			<input type="checkbox"/> New participant summer <u>not</u> earning credit						
<b>Student/Family Income:</b>									
<b>Less than:</b>	<input type="checkbox"/> 17820	<input type="checkbox"/> 24030	<input type="checkbox"/> 30240	<input type="checkbox"/> 36450	<input type="checkbox"/> 42660	<input type="checkbox"/> 48870	<input type="checkbox"/> 55095	<input type="checkbox"/> 61335	
<b>More than:</b>	<input type="checkbox"/> 61335	How many people are in your family? _____							

*TRIO Programs are federally funded through the U.S. Department of Education. TRIO Student Support Services is funded to serve a limited number of eligible participants each year. Funding from the federal government various year to year and annual funding grant amount is available upon request. This disclosure is made in compliance with Public Law 108-447 Sec.506.*