



TRIO Student Support Services (SSS) Application

Anoka-Ramsey Community College, Cambridge
Trio_CC@AnokaRamsey.edu / Phone (763) 433.1170



TRIO Student Support Services (SSS) aims to empower students to be the best version of themselves, encourages students to believe in their goals and aspirations, and motivates them to complete a degree. TRIO offers proactive and holistic advising and personal support from start to finish at Anoka-Ramsey Community College. TRIO promotes student persistence, good academic standing, degree completion, and transfer to a four-year college or university. *PSEO and International Students are not eligible for TRIO SSS.

APPLICANT INFORMATION

Student ID Number : _____

Name: _____
Last First Middle Preferred Name

Address: _____
Street Address (or PO Box) Apt. Number City State Zip Code

Birth Date: Mo ____ Day ____ Yr. ____ Gender: Male Female Prefer not to disclose Preferred pronouns _____

Marital Status: Single Married Separated

Phone: Home (____) ____ - ____ Cell (____) ____ - ____ Check here to opt-in to text messages from TRIO SSS

Personal E-mail: _____ ARCC E-Mail: _____@go.minnstate.edu

Race (Check all that apply)

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

Do you identify as Hispanic or Latino?

Yes
No

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

Name _____ Phone (____) ____ - ____ Relationship to You _____

How did you hear about TRIO SSS? _____

Educational Information

1. When did/will you first enroll at Anoka-Ramsey? Term ____ Year ____

2. ARCC Course Status (check all that apply):

Full-time (12+ credits)
Day Student

Part-time (6-11 credits)
Evening Student

Online

3. Educational intent? (Check all that apply) __ Certificate __ Associates __ Bachelors __ Masters/Professional Degree

4. What transfer schools are you interested in? _____

5. What is your intended area of study? _____

6. Have you previously participated in TRIO or other college access program? _ SSS _ UB _ TS _ EOC _ Other _ NA

Please tell us why you are interested in being a part of TRIO SSS and how this program can help you be a successful student.

ELIGIBILITY INFORMATION

1. Are you a U.S. Citizen? ☐ **Yes** ☐ **No** If no, select either: ☐ **Permanent Resident** ☐ **Other** _____
2. Are you a first-generation college student? (neither parent has 4-year bachelor's degree) ☐ **Yes** ☐ **No**
3. Do you have a documented physical, psychological, or learning disability? ☐ **Yes** ☐ **No**
4. Have you documented your disability with ARCC Office of Students with Disabilities? ☐ **Yes** ☐ **No** ☐ **N/A**

*If yes, we ask that you provide documentation from your health care provider or register with the Office for Students with Disabilities. If accommodations/services are needed, please contact the Office for Students with Disabilities at 753-433-1350.

I verify that the above information is accurate to the best of my knowledge.

Signature of Student _____ Date: _____

Data Privacy Notice: Financial information and all other personal information you provide is confidential and may be accessed only by relevant Anoka-Ramsey Community College and U.S. Department of Education staff. The information is necessary to determine if you are eligible to participate in the program and helps the U.S. Department of Education determine funding and measure success.

STUDENT PUBLICITY RELEASE (OPTIONAL)

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, up to four years after entrance into TRIO SSS.

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 five touchpoints with my advisor;
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.
- ☐ I understand that I must attend an intake appointment with TRIO SSS prior to being admitted to the program.
- ☐ I understand that by submitting my application, it does not guarantee my acceptance into TRIO SSS.

Student Signature

Date

Advisor Signature

Date

Submit this application to:



TRIO SSS
Anoka-Ramsey Community College
Trio_CC@AnokaRamsey.edu



Phone: 763.433.1170 ext. 1

For further information, visit our website at www.anokaramsey.edu and you can find us under Student Resources.

TRIO Student Support Services is 100% federally funded program sponsored by the US Department of Education with in-kind support from Anoka-Ramsey Community College.

*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 varies 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.*



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The federal government requires that we have income documentation on file for all our students. For your application to be considered for admission into SSS, we need the following information from you. If you are a dependent student, we need your family income. If you are an independent student, we need your income (an independent student must meet at least one of the following: 24 years old, married, serving active duty in the military, foster care or ward of the state, etc. Discuss with SSS staff if you have any questions re: status). By filling out this form now, it will expedite the SSS intake process. Please return this form or your 2019 Federal Income Tax forms to the address listed below.

Student Name: _____

Parent Name: _____

Financial Documentation:

Income eligibility is based on previous year tax information. Please complete the following information and bring a copy of the first two pages of your tax return with to verify your income.

For FAFSA purposes, I am considered (please check one): Dependent or Independent

*Typically, students who are under the age of 24, are unmarried, or have no children are considered dependent.

A. Parent(s)/Guardian(s) (Dependent)

(If you were required to report your parent(s)/guardian(s) income information when completing the FAFSA, complete Section A.)

1. What is the size of your family/household? _____

2. Taxable Income (2018-line 10 of IRS Form 1040, 2019-line 11.b of IRS Form 1040):

\$_____ I did not file previous year federal income taxes and will complete the income

I ~~verify that~~ the above information is accurate to the best of my knowledge.

Signature of Parent(s)/Guardian(s) _____ Date: _____

B. Student (Independent)

(If you were not required to report your parent(s)/guardian(s) income information when completing the FAFSA, complete Section B.)

1. What is the size of your family/household? _____

2. Taxable Income (2018-line 10 of IRS Form 1040, 2019-line 11.b of IRS Form 1040): \$_____

3. I did not file previous year federal income taxes and will complete the income verification form

I verify that the above information is accurate to the best of my knowledge.

Signature of Student _____ Date: _____

THIS PAGE IS FOR OFFICE USE ONLY:

Application received date/time:

Intake appointment date/time and assigned advisor:

Tax information included:

Yes ☐ No ☐

Permanent Resident Card

Yes ☐ No ☐ Not Applicable ☐

Disability documentation included:

Yes ☐ No ☐ Not Applicable ☐

Accept ☐

Defer ☐

Wait List ☐

Not Qualified ☐

Deny ☐

**SSS Entry
Date** __/__/__

**First ARCC Enrollment
Date** __/__/__

**Cohort
Year** ____-____

**No
Publications** _____

Program Status

☐ Active
☐ Pending

Academic Need (Mark all that apply, *circle* primary need)

____ Low HS grades
____ Low admissions scores
____ Predictive indicator
____ Academic proficient tests
____ Low college grades
____ HS equivalency
____ Failing grades
____ Out of pipeline 5+ yrs.
____ Other
____ Limited English proficiency
____ Lack of educational and/or career goals
____ Lack of preparedness for college level work
____ Need for academic support to raise grade(s)

Eligibility

☐ FG - Date verified _____
LI - Date verified _____
Taxable Income \$ _____
No. in household _____
D - Date documented _____

Major _____

Program Entry Level

____ 1st yr. never attended
____ 1st yr. attended before
____ 2nd yr. - sophomore

Participant Status

____ New participant for reporting period
____ New participant summer earning credit
____ New participant summer not earning credit

Income Eligibility:

(Numbers below based on Federal TRIO Programs Low-Income Levels)

Less than: ____18,735 ____25,365 ____31,995 ____38,625 ____45,255 ____51,885 ____58,515 ____65,145

More than: ____65,145

How many people in the participant's family? ____