TRiO
STUDENT SUPPORT SERVICES

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PARTICIPANT APPLICATION

TROY
UNIVERSITY

TROY – Dothan Campus
501 University Drive
Dothan, AL 36304
Phone: (334) 983-6556, Ext. 1214
Website: http://www.troy.edu/studentsupportservices/

Director: Debora Pettway, Ph..D..
Adviser: Catresa Hawkins, B.S.

Math Tutor: Carroll James B.S.
English Tutor: Rebecca Johnson, B.S.

Student Support Services (SSS) is a federally-funded TRIO Program under the U.S. Department of Education that aids students in graduating from college. Funds are appropriated through a Title IV Grant of the Higher Education Act of 1965. Troy- Dothan Campus Student Support Services Program is committed to providing services to 165 eligible participants. Program participants must meet certain requirements set forth by the Department of Education. TRIO Programs and Troy-Dothan Campus are equal opportunity affiliations and, therefore, do not discriminate on the basis of sex, race, religion, or handicap in admission or access to their programs.

TRiO Student Support Services
Participant Application

If you already have a Bachelor's Degree, Student Support Services will not be able to serve you.
Please contact the Career and Counseling Services Office (M-120)

NOTE: The following information will be used to determine your eligibility. All information will be held in confidence by the project staff. **PLEASE FILL IN ALL INFORMATION REQUESTED.**

ELIGIBILITY REQUIREMENTS

	Circle One	
1. Are you a U.S. Citizen (or a permanent resident alien – Alien Reg. #_____)?	Yes	No
2. Are you a first generation college student (neither one of your parents hold a bachelor's degree)?	Yes	No
3. Do you or will you receive the Federal Pell Grant or other Title V funds (WIA, TRA, TAA, AOP)?	Yes	No
4. Do you have any documented disabilities?	Yes	No
5. Do you meet at least one of the academic needs listed below? (please check all that apply)	Yes	No

☐ High School GPA below 2.0 ☐ Limited English Speaking Proficiency

☐ Failing one or more classes ☐ Been out of school for more than five (5) years

☐ College GPA of 2.0 or below ☐ Conditionally Admitted

☐ GED

6. Are you a former TRiO participant? (please check all that apply) Yes No

☐ Talent Search ☐ Upward Bound ☐ Student Support Services

PERSONAL INFORMATION

Name _____ Gender: M / F
(Last) (First) (MI) (Circle One)

Mailing Address _____
(Street/P.O. Box) (City) (State) (Zip Code)

Troy Email Address _____
(Your university e-mail will be used for all SSS correspondences.)

Other Email Address _____

Home Phone _____ Cell Phone _____

Employer _____ Occupation _____Work Phone _____

Date of Birth _____ Social Security Number _____-_____-_____ Marital Status ____Single ____Married
MM/DD/YYYY ____Divorced/Separated ____Widowed

Ethnic Background ☐ African-American/Black ☐ Hispanic or Latino ☐ Asian/Pacific Islander

☐ Native American; Tribe _____ ☐ Caucasian/White ☐ Other (Specify) _____

Primary Language ☐ English ☐ Spanish ☐ Other _____

Emergency Contact
Name: _____ Relationship _____ Phone # _____

How were you referred to Student Support Services?

☐ Staff/Faculty ☐ Student ☐ Previous TRiO Program ☐ TROY-Dothan Website ☐ Publication/Bulletin Board

CULTURAL ENRICHMENT BACKGROUND

Within the last year: I have attended a concert, play, or other professional performance?	Yes	No
I have attended a professional performance of another type?	Yes	No
I have attended a workshop, seminar, or conference?	Yes	No
I have not had time, money, or resources to attend these things?	Yes	No

DISABILITY INFORMATION

Do you have any documented physical and/or learning disabilities? Yes No

Have you been accepted as a student with a disability by the Disability Services Coordinator (DSC)? Yes No
If not, you may contact Amy Guyette, Malone Hall Room 120 A, (334) 983-6556 Ext 1221

EDUCATIONAL INFORMATION

High School Name _____ City & State _____

High School Graduation Date _____ High School GPA _____

GED, Year Received _____ City & State where GED was attained _____

What assessment tests have you taken? ☐ ACT Scores: _____ ☐ SAT Score: _____ ☐ COMPASS_____

Have you attended a college other than TROY-Dothan Campus? ☐ Yes ☐ No Where?_____ When?_____

Are you currently enrolled ☐ Full Time ☐ Part Time ☐ ¾ Time ☐ ½ Time ☐ Less than ½ Time

Have you earned any credits at TROY-Dothan Campus ☐ Yes ☐ No How many credits? _____
What is your GPA at TROY-Dothan Campus _____

What is your degree goal at TROY-Dothan Campus?_____ Major _____Minor _____

Current Academic Classification ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior Expected Graduation Date

INCOME DOCUMENTATION

NOTE: Documentation of taxable income is required in order for a student to be considered for participation in TRiO Student Support Services. Please attach copy of your most recent Federal Tax Return. If you did not file a tax return you will be asked to sign a "Statement of Non-Filing of Tax Return".

SECTION A – Family Size
How many people live in your household (include children away in school)? _____

SECTION B – Taxable Income
Please fill in your **Current Taxable Income** on the appropriate line**. DO NOT USE ADJUSTED GROSS INCOME** for this report.
$_____ Line 43 – Form 1040 $_____ Line 27 – Form 1040A $_____ Line 6 – Form 1040EZ

THIS SECTION IS FOR SSS STAFF USE ONLY

Federal TRIO Programs (Effective January 28, 2015).
Circle the family size of applicants household and check the income option that best describes their situation

2015 ANNUAL INCOME LEVELS

Family Size	Less Than	Taxable Income	More Than
1		$17,655	
2		$23,895	
3		$30,135	
4		$36,375	
5		$42,615	
6		$48,855	
7		$55,095	
8		$61,335	

SSS APPLICANT CRITERION

Entering Semester: _____

Cum GPA Entering SSS: _____Earned from TROY-Dothan Campus (Unconditional/Conditional due to GPA/Other)

Cum GPA Entering SSS: _____Earned from other college(s) (Unconditional/Conditional due to GPA/Other)

GED Score Entering SSS: _____Date Completed_____ (Unconditional/Conditional due to GPA/Other)

ELGIBILITY

____ Low Income & 1st Generation (1)

____ Low Income Only (2)

____ 1st Generation Only (3)

____ Disabled (4)

____ Disabled and Low Income (5)

ACADEMIC NEEDS

____ Low High School Grades (1)

____Low Admissions Test Scores (2)

____ Predictive Indicators (5)

____ Diagnostic Indicators (6)

____ Low College grades (7)

____ High School Equivalency (8)

____ Failing Grades (9)

____ Out of the academic pipeline 5> yrs,(10)

____ Limited English Proficiency (12)

____ Lack of Educational/Career Goals(13)

____ Lack of academic preparedness(14)

___ Need for academic support to raise grades in required courses/academic major(15)

_____ _____

Project Advisor Date

This applicant is declared □ Eligible □ Ineligible as a Student Support Services Participant.

_____ _____

Director Date

	Initial
✓ Participant agrees to meet with SSS staff at least three (3) times per semester for academic advisement.	_____
✓ Participant agrees to attend mid-term evaluation session if letter is received.	_____
✓ Participant agrees to participate in at least one (1) cultural enrichment event AND an academic seminar each semester.	_____
✓ Participant agrees to attend mandatory meetings at the beginning of each semester.	_____
✓ Participant must check out a video/book resource each semester.	_____

PARTICIPATION AGREEMENT & RELEASE OF INFORMATION

	Initial
As a participant in the TROY-Dothan Campus TRiO Student Support Services (SSS) Program, I am committed to my education. To gain the full benefits of the SSS program, I will make a commitment to my academic goals and the assistance provided. I understand and will strive for 100% CLASS ATTENDANCE, 100% CLASS COMPLETION and A MINIMUM GRADE POINT AVERAGE OF 2.0 I also understand TROY-Dothan Campus SSS staff will review data from my application, academic assessment and interview to assist in assessing my academic and career planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the SSS staff permission to inquire about my class attendance, class work, tutoring sessions, and receive grade reports, and I give my instructors permission to release such information to SSS staff when requested. The SSS staff will assist me in achieving my academic goals only if I uphold my responsibilities in accordance with the TROY- Dothan Campus Needs Assessment Form. Should I not meet the requirements and fulfill my academic goals, it may result in serious consequences regarding my continuation as a participant in the SSS program.	_____
I authorize TRiO Student Support Services to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in SSS. I understand this information is used to help determine my eligibility for SSS and will be kept strictly confidential. I grant permission to SSS to gather information for follow up whenever appropriate, including, but not limited to, transfer and progress to graduate school. I am aware my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.	_____
I hereby authorize the use of my photographic image in any and all publications, such as the monthly newsletter, newspaper articles and campus-wide e-mail notices. I authorize TROY-Dothan Campus to use my name, photo or information about me in promotion of the college through radio, television or other printed materials. I understand my picture could come from a digital image such as my file or from photos taken on various field trips and social events.	_____

I grant permission for Student Support Services and TROY- Dothan Campus to review and copy any information maintained as part of my school records including admission, grades, Federal Tax forms, financial aid, disabilities, and any other information pertinent to my status in the University or the SSS program. I am aware personal information provided to TRiO Student Support Services will be protected under the Federal Education Rights Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for SSS, or are specifically authorized by me to see the information

Student: _____ _____

Witness _____ _____

SSS Staff Date