**TRIO/Student Support Services Application - Southeastern Illinois College**

**3575 College Road – Harrisburg, IL 62959**

[**www.sic.edu/sss**](http://www.sic.edu/sss) **- (618) 252-5400 ext. 2435**

**Please Type or Print in Blue or Black Ink Only**

**\*The TRIO/SSS staff agrees to adhere to all guidelines outlined under the Federal Education Rights and Privacy Act.**

STEP 1

Please answer the following questions about yourself.

1. What is your **name**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Initial Last Name

1. What is your **mailing address**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt#

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

City State Zip Code

1. What is your **home phone number**? (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your **cell phone number**? (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your **work phone number**? (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is the **BEST email address to contact you**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STEP 2

Please answer the following questions about yourself.

1. What is your **SIC ID number**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your **Social Security number**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your **date of birth**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YYYY)

1. What is your **ethnicity**? \_\_Alaskan Native \_\_American Indian \_\_Asian

(Please check all that describe you) \_\_Black (Non-Hispanic) \_\_Hispanic

\_\_Native American Pacific Islander \_\_Native Hawaiian

\_\_White

1. What is your **gender**? \_\_Female \_\_Male
2. Do you have a **documented physical or learning disability**? \_\_YES \_\_NO

Please Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an IEP? \_\_YES \_\_NO

If Yes, are you registered with the SIC ADA Coordinator? \_\_YES \_\_NO

STEP 3

Please answer the following questions about yourself.

1. Are you a U.S. Citizen? \_\_YES \_\_NO

If you are not a U.S. Citizen, please answer the following questions about yourself. If you are a U.S. Citizen, please skip ahead to STEP 4.

1. Are you a Permanent Resident? \_\_YES \_\_NO
2. What is your Permanent Resident Alien Number? A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STEP 4

Please answer the following questions about your parents and about yourself.

1. Has your mother received/earned a 4-year college degree? \_\_YES \_\_NO
2. Has your father received/earned a 4-year college degree? \_\_YES \_\_NO
3. Which parent did you regularly reside with and receive support

from during your childhood (i.e. until you were 18 years old)?

Please check only ONE box. \_\_Mother \_\_Father

 \_\_Both Mother and Father

 \_\_Neither Mother nor Father

STEP 5

Please answer the following questions about yourself.

1. Are you married? \_\_YES \_\_NO
2. Do you have children or other dependents (other than a spouse) who

receive more than half of their support from you? \_\_YES \_\_NO

1. At any time since reaching 13 years of age, were you an orphan, in foster

care, or a ward of the court? \_\_YES \_\_NO

STEP 5 (continued)

1. Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-

appointed legal guardian? \_\_YES \_\_NO

1. Are you serving on active duty (for other than training purposes) in the U.S. Armed Forces? \_\_YES \_\_NO
2. Are you a U.S. Armed Forces veteran who was on active duty & was released under a condition

other than dishonorable? \_\_YES \_\_NO

1. Are you in college and working on a master’s (e.g., M.A., M.S.), professional (e.g., M.D., J.D.)

or doctoral degree? \_\_YES \_\_NO

1. Are you less than 18 years of age and have no parent or guardian? \_\_YES \_\_NO
2. Are you homeless (i.e., you lack a fixed, regular, & adequate nighttime residence) or are at risk

of becoming homeless? \_\_YES \_\_NO

STEP 6

Please check all the provided services that you are interested in:

\_\_Financial Aid Assistance \_\_Study Skills \_\_Financial Literacy \_\_Time Management \_\_Cultural Activities \_\_Academic Counseling \_\_Tutoring \_\_Transfer Assistance \_\_Career Counseling \_\_Personal Counseling \_\_Peer Mentoring \_\_Computer Lab

STEP 7

Please answer the following questions about your educational career.

1. What year and semester was your first at SIC? (after H.S. graduation) \_\_\_\_\_\_\_\_\_\_
2. What is your major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you plan on graduating with an Associate’s degree? \_\_Arts \_\_Science \_\_Applied Science \_\_Nursing
4. What is your target graduation semester and year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. After you leave SIC do you plan on receiving a Bachelor’s degree? \_\_YES \_\_NO
6. Do you plan on receiving a certificate (less than 2 years) at SIC? \_\_YES \_\_NO

STEP 8

Please read the following statement and then sign and date below it.

By signing this application, I attest that all the information on this application is true. I give permission to release my name and/or picture to provide recognition in newsletters, webpages and/or other publications. Moreover, I authorize the release of the student’s official academic records to the office of TRIO/Student Support Services. I understand that the information in these records will be used only to assess the student’s need for program services, discern the student’s educational progress, evaluate the effectiveness of program activities, and fulfill program-reporting requirements.

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

Student Signature Date (MM/DD/YYYY)

Complete this application, save to your computer, and email as an attachment to Lolita L. Mack, Program Director. (lolita.mack@sic.edu). The TRIO Advisor will contact you shortly.

**FOR OFFICE USE ONLY**

The 20\_\_ federal TRIO programs annual low-income level for a family unit with \_\_\_ members is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSET/COMPASS: Year\_\_\_\_ WS\_\_\_\_ RS\_\_\_\_ NS\_\_\_\_\_ College GPA: \_\_\_\_\_\_\_\_\_\_\_

\_\_Approved \_\_Denied \_\_Waitlisted

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Director (Print Name) Director (Signature) Date (MM/DD/YYYY)

Date of Application Entry into Database\_\_\_/\_\_\_/\_\_\_ Initial of Data Entry Staff: \_\_\_\_

Eligibility: \_\_LI & FG \_\_LI *ONLY* \_\_FG *ONLY* \_\_DI *ONLY* \_\_LI & DI