



PROGRAM APPLICATION

Turtle Mountain Community College
TRIO Student Support Services
PO Box 340 * Belcourt, ND 58316 * 701-477-7862

The following information is requested to determine your eligibility for program services. Please answer each question. This information will be kept confidential and used only as outline in the participant agreement.

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Phone # _____ May We Text You? Yes No

TMCC Email: _____ Student ID #: _____

Gender: Male Female

RACE/ETHNICITY AND RESIDENCY INFORMATION

Which group best describes you?

American Indian or Alaskan Native White or Caucasian Asian Native Hawaiian African American

Are you Hispanic? Yes No U.S. Citizen? Yes No

ADDITIONAL INFORMATION

Are you receiving the federal financial aid (FAFSA)? Yes No

Are you a prior TRIO participant? Yes No Are you a Veteran? Yes No

Do you have a documented learning or physical disability? Yes No

EDUCATIONAL HISTORY

What is your current grade level? 1st Year (never attended college before TMCC, freshman)
 1st Year (some college credits from another school, freshman)
 2nd Year (at least 32 credits, sophomore)

Did you graduate high school? Yes No Year Graduated _____

Did you finish a GED program? Yes No Year Graduated _____

Have you attended other colleges/universities? Yes No If yes, where _____

What degree are you seeking at TMCC? _____

How many credits/hours are you enrolled in at TMCC? _____

Do you plan to transfer? If yes, where _____



STUDENT SUPPORT SERVICES

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ELIGIBILITY INFORMATION (please circle the appropriate answer):

- | | | |
|--|-----|----|
| 1. Do you already have a two-year degree (AS/AA/AAS)? | YES | NO |
| 2. Did the parent/guardian with whom you resided with until age 18 complete a Bachelor's degree? | YES | NO |
| 3. Do you have a documented physical or learning disability? | YES | NO |
| 4. Do you meet the low-income guidelines listed below? | YES | NO |

Family Income Eligibility Table

****Based on Taxable Income**

Size of Family Unit	48 Contiguous States
1	\$19,140
2	\$25,860
3	\$32,580
4	\$39,300
5	\$46,020
6	\$52,740
7	\$59,460
8	\$66,180

For family units with more than eight members, add the following amount for each additional family member: \$6,720 for the 48 contiguous states.

AUTHORIZATION

I authorize the SSS Program to use my name/picture for public recognition as part of the SSS/TRIO program _____
 (initials)

Student Support Services/TRIO is a program designed to help you graduate. The information provided is confidential and will help determine eligibility for the SSS/TRIO program. Discrimination is prohibited on the basis of race, gender, color, national origin, religion, age, disability, martial or parental status, or sexual orientation.

I hereby authorize SSS/TRIO to obtain and share any information pertinent to my participation in the program. This information includes, but is not limited to, financial aid information, standardized test scores, transcripts, and grade reports. I also verify that the information provided on this form is correct and complete to the best of my knowledge.

I understand the College reserves the right to admit or deny any student enrollment in the TRIO SSS program. Completion of the application does not guarantee acceptance into the program. I also certify that all of the above information is correct.

 Student Signature

 Date