

APPLICANT INFORMATION

NAME:	LAST	FIRST	MIDDLE
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PREFERRED NAME:	LAST	FIRST	MIDDLE
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STUDENT ID NUMBER	DATE
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ADDRESS	TELEPHONE
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CITY	STATE	ZIPCODE
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DATE OF BIRTH ____/____/____	GENDER (CHECK ONE): <input type="checkbox"/> Male <input type="checkbox"/> Female	PREFERRED PRONOUN (CHECK ONE): <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Ze
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ETHNICITY (CHECK ONE): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

RACE (CHECK ONE): <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White
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ARE YOU A CITIZEN OR NATIONAL OF THE UNITED STATES (CHECK ONE): <input type="checkbox"/> Yes <input type="checkbox"/> No

IF NO, ARE YOU ELIGIBLE FOR FEDERAL FINANCIAL AID? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION INFORMATION

HIGHEST LEVEL EDUCATION (CIRCLE BELOW):	DEGREE COMPLETED (CHECK BELOW):
MOTHER: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4	___ASSOCIATE ___ BACHELORS
FATHER: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4	___ASSOCIATE ___ BACHELORS
GUARDIAN: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4	___ASSOCIATE ___ BACHELORS
YOURSELF: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4	___ASSOCIATE ___ BACHELORS

What is your major? _____

Do you plan on transferring? Yes No Unknown

If yes, where to? _____

EDUCATION INFORMATION (CONTINUED)

Have you ever served in the United States Military? Yes No

If yes, have you served active duty overseas? Yes No

Are you registered with the Office of Student Accommodations? Yes No Don't know

If yes, how does your disability affect your academics? _____

What is your current grade level?

Never attended college before

28 or less credits (freshman)

29 or more credits (sophomore)

ADDITIONAL INFORMATION

How did you hear about TRIO Student Support Services? _____

Have you or a family member ever participated in a TRIO program before? (Destination College, Upward Bound, Talent Search, EOC, McNair, SSS)? (If yes, please list the program)

You: Yes _____ No

Family Member: Yes _____ No

List specific ways you would expect to benefit from participation in Lake Land College's TRIO Student Support Services Program: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

RETURN THIS APPLICATION WITH THE ATTACHED FINANCIAL ELIGIBILITY FORM TO:

Lake Land College
TRIO Student Support Services
Luther Student Center 414
5001 Lake Land Blvd
Mattoon, IL 61838
trioss@lakelandcollege.edu
Fax: 217-234-5021 Call/text: 217-234-5456