

LAKE LAND COLLEGE

TRIO STUDENT SUPPORT SERVICES APPLICATION

Student ID Number: _____

Name (please print): _____

(Last Name)

(First Name)

(Middle Initial)

Preferred Name: _____

(Last Name)

(First Name)

(Middle Initial)

Local Address: _____

City: _____ State: _____ Zip: _____

Local Phone: _____ Cell Phone: _____

E-mail address: _____

Alternate E-mail: _____

If different from local address:

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Marital Status (Choose one): S___ M___ D___ W___

Gender (Choose one): M___ F___ Preferred Pronoun (Choose one): She___ He___ They___ Ze___

ARE YOU? (SELECT ONLY ONE):

A citizen or national of the United States___

An eligible non-citizen (meet residency requirements for Federal Financial Aid)___

None of the above___

ETHNICITY/RACE (SELECT ALL THAT APPLY):

Hispanic___ American Indian/Alaskan Native___ Asian___ White___

Black or African American___ Native Hawaiian or Other Pacific-Islander___

Prefer not to answer___

HIGHEST LEVEL EDUCATION:

High School

Mother: Years completed ___

Father: Years completed ___

Guardian: Years completed ___

Self: Years completed ___

DEGREE COMPLETED (CHECK BELOW)

College

Years completed ___

Years completed ___

Years completed ___

Years completed ___

Associate___

Associate___

Associate___

Associate___

Bachelors___

Bachelors___

Bachelors___

Bachelors___

ACADEMIC INFORMATION

What is your academic program _____

Expected transfer or graduation date _____

Associate degree (2 year degree or program) _____ Certificate (less than 2 years) _____

Do you plan to transfer to a 4 -Year College or University? Yes _____ No _____

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

Are you registered with Student Accommodations at Lake Land College? Yes _____ No _____

If so, how does your disability affect your ability to learn? _____

What type of learning support do you need? _____

What is your current grade level? (Check one)

____ First year (never attended college before) First year (some college credit)

____ Second year (at least 30 credits)

REFERRAL SOURCE TO 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

You _____ Family Member _____

Yes _____ No _____ Yes _____ No _____

List specific ways that you expect to benefit from participation in the Lake Land College TRiO Student Support Services Program:

Applicant's 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 61938
Email: triosss@lakelandcollege.edu
Fax: 217-234-5021 ♦ Call/text: 217-234-5456

Financial Eligibility

Federal law requires us to verify your financial eligibility before you can be admitted.

To help us verify your eligibility, please complete this form. Verification requirements for TRiO vary depending on whether students are **independent** or **dependent**.

Please check all that apply:

A. ____ I am an **independent student** (parental income is **not reported** on the FAFSA).

PLEASE PROVIDE A COPY OF YOUR MOST RECENT TAX FORM **OR** COMPLETE BOX "A" BELOW.

B. ____ I am a **dependent student** (parental income **is reported** on the FAFSA).

PLEASE PROVIDE A COPY OF YOU AND YOUR FAMILY'S MOST RECENT TAX FORM **OR** COMPLETE BOX "A" AND "B" BELOW.

C. ____ I did not file a tax return for the following reason (**check one**):

- Received no taxable income
- Taxable income received was less than the amount required for filing a tax return. SUBMIT COPIES OF W-2 FORMS FROM MOST RECENT TAX YEAR.
- Received non-taxable income from the following sources. SUBMIT VERIFICATION DOCUMENT WITH YOUR NAME FOR ONE OF THE FOLLOWING:
 - Social Security Benefits
 - Disability Benefits
 - TANF Benefits
 - Food Stamps (AFDC)
 - ADC Benefits
- Other (explain) _____

ALL STUDENTS MUST SIGN BELOW AFFIRMING ALL INFORMATION IS CORRECT.

Part A – Student <i>(If married, include spouse's income)</i>		Where to find Taxable Income	Part B – Parent/s	
State of residence:		Form 1040, line 11b.	State of residence:	
Taxable income: \$	Number of people in household:		Taxable income: \$	Number of people in household:
<hr/> Student Name (please print)			<hr/> Parent/Guardian Name (please print)	
<hr/> Student Signature		<hr/> Parent/Guardian Signature		
<hr/> Date		<hr/> Date		

The information we request above will be used only to determine or verify eligibility for TRiO. All information is confidential and is never passed on to any other agency. The U.S. Department of Education provides more information about TRiO and eligibility requirements on its web site: <http://www2.ed.gov/about/offices/list/ope/trio/index.html>.