



## TRIO Student Support Services Application

Student ID Number: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Email (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex Assigned at Birth: ☐ Male ☐ Female

Pronouns (Optional): \_\_\_\_\_

(For recording purposes. Example: He/Him, They/Them, She/Her)

### Citizenship

Are you a U.S. citizen? ☐ Yes ☐ No

If no, are you a permanent U.S. resident? ☐ Yes ☐ No

If yes, Alien Registration Number: A - \_\_\_\_\_

(Please attach a copy of both sides of your Alien Registration Card)

### Ethnicity / Race (Select all that apply)

☐ Hispanic

☐ American Indian/Alaskan Native

☐ Asian or Asian American

☐ White

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Prefer not to answer

☐ Other: \_\_\_\_\_

### Parent Education Level

Please circle the number of years completed in each category. Please only answer for natural parents with whom you resided.

<b>Relation to you</b>	<b>High School/GED</b>	<b>College</b>	<b>Degree Obtained (If college graduate)</b>
Natural Mother	1 2 3 4 GED	1 2 3 4	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters
Natural Father	1 2 3 4 GED	1 2 3 4	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters
Self	1 2 3 4 GED	1 2 3 4	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters

*\*These questions determine your first-generation status.*

## Additional Information

Marital Status: ☐ Single ☐ Married ☐ Separated

Are you homeless or at risk? ☐ Yes ☐ No

Were you a ward/dependent of the court at age 13 or older? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Have you submitted FAFSA this academic year? ☐ Yes ☐ No

Have you been out of school for 5+ years? ☐ Yes ☐ No

## Academic Information

Academic Program: \_\_\_\_\_

Academic Goal at LLC: ☐ Associate Degree (2-year) ☐ Certificate (less than 2-year)

Do you plan to transfer to a 4-year school? ☐ Yes ☐ No ☐ Undecided

Expected transfer or graduation date: \_\_\_\_\_

Are you registered with Student Accommodations at LLC? ☐ Yes ☐ No

If yes, how does your disability affect your ability to learn? \_\_\_\_\_

What kind of learning support would be helpful? \_\_\_\_\_

Current Grade Level: ☐ First Year (never attended college)

☐ First Year (<30 credits)

☐ Second Year (30+ credits)

Have you participated in a TRIO program before? ☐ Yes ☐ No If yes, which one: \_\_\_\_\_

## Tutoring Needs (Check all that apply)

☐ Biology

☐ Chemistry

☐ English/Writing

☐ Health Science

☐ History

☐ Math

☐ Speech

☐ Foreign Language

☐ Sociology

☐ Psychology

☐ Physics

☐ Geography

☐ Other: \_\_\_\_\_

## Support Services Needed (Check all that apply)

☐ Academic Advising

☐ Career Counseling

☐ Financial Aid Assistance

☐ Resume Preparation

☐ Leadership Development

☐ Academic Preparedness

☐ Confidence / Social Skills

☐ Selecting College Courses

☐ Limited English Proficiency

☐ Scholarship Assistance

☐ Study/Note-Taking Skills

☐ Test-Taking Skills

☐ Computer Skills

☐ Personal Counseling

☐ Tutoring

☐ Increasing GPA

☐ Interview Practice

☐ Educational/Career Goals

☐ Obtaining Internships

**List specific ways that you hope to benefit from participation in TRIO Student Support Services. This will help us to best fit your needs.**

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### **Acknowledgment**

I understand that the information provided will be used only for eligibility and reporting and will be kept confidential in accordance with FERPA guidelines. All statements are true to the best of my knowledge. I understand that as a member of TRIO, I may be contacted via email, phone, or text, and my picture may be taken at TRIO related activities and utilized for program and promotional purposes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only required if student is under 18)

Return completed application to:

Lake Land College  
TRIO Student Support Services  
Luther Student Center 414  
5001 Lake Land Blvd.  
Mattoon, IL 61938  
 [trioss@lakelandcollege.edu](mailto:trioss@lakelandcollege.edu)  
 217-234-5456