

# 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: [trioss@lakelandcollege.edu](mailto:trioss@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
  - Food Stamps (AFDC)
  - Disability Benefits
  - ADC Benefits
  - TANF Benefits
- Other (explain) \_\_\_\_\_

*ALL STUDENTS MUST SIGN BELOW AFFIRMING ALL INFORMATION IS CORRECT.*

<i>Part A – Student (If married, include spouse's income)</i>		<i>Where to find Taxable Income</i>	<i>Part B – Parent/s</i>	
State of residence:		Form 1040, line 15.	State of residence:	
Taxable income: \$	Number of people in household:		Taxable income: \$	Number of people in household:
_____ Student Name (please print)			_____ Parent/Guardian Name (please print)	
_____ Student Signature		_____ Parent/Guardian Signature		
_____ Date		_____ 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>.