

STUDENT APPLICATION

Personal Information

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ OCCC I.D. Number: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____
City State Zip

OCCC Email: _____ Alternate Email: _____

Date of Birth: _____ Gender: Male Female Major: _____

U.S. Citizen: Yes No If not, are you a Permanent Resident? Yes No

U.S. Military / Veteran: Yes No When and which branch of service? _____

Ethnicity: Not Hispanic/Latino Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American)

Race: American Indian or Alaskan Native Asian Black or African American White Hawaiian or Pacific Islander

Program Eligibility

Do either of your parent(s) have a bachelor's degree? Yes No

Do you have a disability, either physical or learning, that is documented through OCCC Student Support Services?

Yes No If yes, please explain _____

Have you applied for financial aid (submitted the FAFSA 2016-17 application)? Yes No

Financial Aid Dependency Status (Check all that apply):

- 24 years of age or older Have Dependent Children Married
 Armed Service Veteran Ward of the court Both parents are deceased

If you checked **NONE** of the above, you are considered a Dependent student and must submit your parent's or guardian's income information if contacted for an interview.

If you checked at least **ONE** of the above, you are considered an Independent student and must submit your own income information if contacted for an interview.

Did you live in foster care or DHS custody at any time after the age of 13? Yes No

Are you a current participant in the OCCC Career Transitions employment program? Yes No

Have you previously participated in a TRIO program (*Talent Search, Upward Bound, Student Support Services, etc.*)? Yes No

If so, at school were you a participant and what was your counselor's name?

(Continued on back)

Secondary education received (check one):

High School Diploma Graduation Year: _____ High School GPA (If recently graduated): _____

Name and Location of High School: _____

GED/High School Equivalency Date of Completion: _____

Have you attended any college or university other than OCCC? Yes No

If so, please list institutions attended and dates:

What is your educational goal while at OCCC?

- Associate in Arts degree (AA) or Associate in Science degree (AS)
- Associate in Applied Science degree (AAS)
- Certificate Complete general education credits and transfer without associate’s degree
- Unsure

Do you plan to seek a bachelor’s degree? Yes No

How did you hear about TRIO SSS? Brochure TV Pioneer New Student Orientation (NSO)

Friend/Student Name: _____

Faculty/Staff Name: _____

Other: _____

Release of Information: *I give my permission for the OCCC offices of Admissions, Records and Financial Aid to release relevant financial and academic information about me to TRIO Student Support Services. I give my permission for TRIO Student Support Services to access my educational history and previous TRIO Program participation, including dates enrolled at any institutions of higher education. I understand that, if I am selected as a participant, my name will be displayed inside the TRIO office on sign-up sheets and visible to other TRIO participants. I give TRIO SSS permission to use my image and name in promotional items (i.e., brochures, web pages, Facebook).*

I certify that the information provided in this application is true and correct to the best of my knowledge.

Student Signature

Date

*TRIO Student Support Services provides services to 160 students who want to **graduate** from OCCC **within four years** and **transfer** to earn a bachelor’s degree. TRIO SSS is funded by the U.S. Department of Education on a five-year grant cycle and does not provide direct aid (money) to students.*