The TRIO Student Support Services (SSS) program is a federally funded Title IV grant program through the U.S. Department of Education. TRIO provides academic and personal support services to eligible students in an effort to assist them successfully complete their education and achieve their personal and career goals. TRIO offers a wide variety of services and activities designed to meet the individual needs of each student. All services are FREE to those who qualify. Any LFCC student may apply to participate in TRIO. Information obtained from this form is used only by TRIO and kept strictly confidential. It does not in any way affect your admission to LFCC or your eligibility to participate in other services and activities offered by the college.

Eligibility is based on federally defined criteria where at least one of the following must be met:

- A first generation college student (neither parent has a Bachelor’s degree)
- Low income (verified by a TRIO staff member) and/or
- Have a documented learning or physical disability

An eligible student must need academic support and be either a U.S. citizen or permanent resident and is committed to using TRIO resources and graduating and/or transferring from LFCC!

WHEN SHOULD I APPLY?
Immediately! Applications are accepted throughout the year, but access to some of our services is time-sensitive, such as grant-aid, tutoring and course enrollments. Please answer all sections of the application and print clearly in ink. Your responses are necessary to determine program eligibility and will be kept confidential.

If you have questions or need assistance with the application, please call 540-868-7088. You can also visit our webpage at: http://www.lfcc.edu/trio

Return or mail completed applications to:
LFCC
Student Learning Center
173 Skirmisher Lane
Middletown VA 22645
Office: 540-868-7088 Fax: 540-868-4134
e-mail: trio@lfcc.edu

“The mission of TRIO Student Support Services is to provide unique and personalized academic support services in an environment that inspires engaged learning”
LFCC TRIO STUDENT SUPPORT SERVICES APPLICATION

This information is confidential. The following information is needed to determine membership for the program. Please complete the front and back page in BLUE OR BLACK INK, and PRINT clearly. All items must be completed to the best of your ability. An incomplete form will not be processed.

**Student Demographic Information**

Name: ____________________________________________

Address: ____________________________________________  City/State/Zip: __________________________

Home Phone: (____) ___________  Cell Phone: (____) ___________  Birth Date: _______ - _______ - _______

LFCC ID#: ______________________________  LFCC E-MAIL: ______________________________

Gender:  □ Male  □ Female  Marital Status:  □ Single  □ Married  □ Divorced  □ Widowed

Citizenship Status:  □ U.S. citizen  □ Permanent Resident  □ Other: ______________________________

Race or Ethnicity (Please check ALL that apply):  □ American Indian or Alaska Native  □ Asian  □ Black or African American  □ Native Hawaiian or other Pacific Islander  □ Hispanic or Latino  □ White

In accordance with federal regulations, a student **must** meet one of the following criteria to be eligible for program services:

- A first generation college student (neither parent has a Bachelor’s degree)
- Low income (verified by a TRIO staff member) and/or
- Have a documented learning or physical disability

Are you a first generation college student (neither parent has a Bachelor’s degree)?  □ Yes  □ No

Do you have a documented learning or physical disability?  □ Yes  □ No

If yes, have you registered with the Disability Coordinator?  □ Yes  □ No  □ Not applicable

**Academic Information**

LFCC degree: ______________________________  High School or College (circle which one) GPA: ______________________________

What is your anticipated date of graduation? ______________________________

Permission to release name for recognition (scholarships, etc.):  □ Yes  □ No

Permission to take my picture and use for recognition and advertising:  □ Yes  □ No

I give TRIO my permission to access my educational records and other materials necessary for participation in the TRIO Program. Furthermore, I understand that all my records are kept confidential and in accordance with Federal, Commonwealth of Virginia, and LFCC Privacy Laws. I certify that the above information is complete and accurate to the best of my knowledge.

Student Signature: ______________________________  Date: ______________________________
Financial Eligibility Documentation

If you/your family filed income taxes last year, what was your **TAXABLE INCOME**?
It is very important that you indicate **TAXABLE** income and not total income or adjusted gross income.

The best source for this information is your **2011 Federal Tax return**. Taxable income is reported on:
- Form 1040, line 43
- Form 1040A, line 27
- Form 1040EZ, line 6

Please check the range that includes your total household **TAXABLE INCOME**:

- ☐ Less than $16,755
- ☐ $28,636 – $34,575
- ☐ $46,456 - $52,395
- ☐ $16,756 – $22,695
- ☐ $34,576 – $40,515
- ☐ $52,396 - $58,335
- ☐ $22,696 – $28,635
- ☐ $40,516 – $46,455
- ☐ $58,336 and over
- ☐ I/my family did not have taxable income during 2011

Number of people living in your household including yourself during 2011: __________

Household income from other sources $______________

- ☐ Social Security
- ☐ Unemployment
- ☐ Trade Act
- ☐ Retirement Benefits
- ☐ Veterans Affairs Benefits
- ☐ Vocational Rehabilitation

*If you are an independent student for financial aid purposes, please identify as being one or more of the following:*

- ☐ At least 24 years old
- ☐ A parent
- ☐ A veteran
- ☐ An orphan or ward of the court
- ☐ Have a Bachelor’s degree
- ☐ Other (please specify): ________________________________

I hereby certify the information I have furnished regarding the size of my family and taxable income is true to the best of my knowledge and hereby grant permission for LFCC TRIO Student Support Services to have access to my official records in order to complete my application. **A parent or guardian’s signature is only required for students classified as dependent for financial aid purposes.** The Family Educational Rights and Privacy Act (FERPA), is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. LFCC cannot disclose records to anyone except the student without a written release from the student. See [http://www.lfcc.edu/current-students/ferpa/index.html](http://www.lfcc.edu/current-students/ferpa/index.html) for more information.

Your application will not be complete without the signature(s) and date(s). You may keep page one for your records.

Student signature ___________________________ Date: ______________________

Parent or guardian signature: ___________________________ Date: ______________________

Print parent or guardian name: ___________________________

Parent/guardian e-mail: ___________________________

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