TRIO Program Application

Students who wish to participate in the TRIO program must complete this application and provide supplemental information where necessary. Potential applicants for the program will be asked to meet with a TRIO counselor for enrollment in the program. The information you provide is strictly confidential.

SECTION I. PERSONAL INFORMATION

| UH Student ID # | | | Male 🗌 | Fema | le | Date of Birth: | | | |
|---|--|-----------------|---------------------------------|--|-----------------------|----------------|--------|--|--|
| NAME: First: | | | | Middle Initial: | Middle Initial: Last: | | | | |
| Mailing Address: | | | | City: State: Zip Code: | | | | | |
| Cell Phone #: | | | | Daytime Phone #: | | | | | |
| UH user name/email Address: @hawaii.edu | | | | Emergency Contact: (Name, Phone, Relationship) | | | | | |
| ETHNICI | I TY (Ched | ck all applical | ole) | | | | | | |
| | • | can or Alaska | Asian Black or African-American | | | | | | |
| П | Hispanic White Native Hawaiian or Other Pacific Islander | | | | | | | | |
| SECTION II. ELIGIBILITY CRITERIA (Check one) | | | | | | | | | |
| | J.S. Citize OR | | | | | | | | |
| b. Permanent U.S. Resident Resident Card #: Annual family TAXABLE income: Number of exemptions claimed on income tax | | | | | | | | | |
| | | O Income Ta | | Number of exemptions claimed on income tax form: (As listed on 1040 Income Tax Form) | | | | | |
| Did you apply for financial aid? Yes No Did you receive a Pell Grant? Yes No No | | | | | | | □ No □ | | |
| Does your father have a Bachelor's degree: Yes No | | | | | | | | | |
| Does your mother have a Bachelor's degree: Yes No | | | | | | | | | |
| DISABIL | ITY VER | IFICATION | | | | | | | |
| Yes | No | Do you hay | e a document | ed disability? | | | | | |
| | Are you registered with the Disability Support Services Offices (DSSO) at KCC? | | | | | | | | |

| SECTION III. ACADEMIC NEED (Cr | еск о | one) | | | | | | |
|--|---|------------------------------|-----------------------------|-------------------|-------------------|--|--|--|
| Lack of educational or career | Lack of educational or career goal | | | | | al pipeline for 5+ years | | |
| | Need for academic support to raise grade(s) in required courses in academic major | | | | | c preparedness for irse work | | |
| Limited English proficiency | Limited English proficiency | | | | | | | |
| | | | | | | | | |
| SECTION IV. SECONDARY ACADE | ck a | | | ole) | | | | |
| | Academic advising and course selection | | | | | Tutoring Financial literacy | | |
| Financial aid assistance (comp | Financial aid assistance (completing FAFSA) | | | | | / | | |
| Financial aid assistance (scho searches) | Financial aid assistance (scholarship searches) | | | | | Assistance to transfer to a 4-year educational institution | | |
| SECTION V. YOUR EDUCATIONAL | BAC | CKGROUNI |) (Ch | eck all ar | policable |) | | |
| High school graduate | | | | Associate degree: | | | | |
| Bachelor's degree: | | | | | | | | |
| <u> </u> | | | | | | | | |
| SECTION VI. PRESENT STATUS A | | <u> </u> | | | | | | |
| New student | Continuing student | | | | Returning student | | | |
| Current semester: The | e nun | nber of cred | its er | nrolled: | Current | grade point average: | | |
| SECTION VII. ENGLISH/MATH PLA | CEM | IENT (If kno | wn) | - | | | | |
| Math placement level: | | Eng | lish placement level: | | | | | |
| SECTION VIII. EDUCATION/CAREE | R O | BJECTIVE | | | | | | |
| KCC Objective: A.A. / A.S. degree | e onl | ansfe | ansfer only A.A. & transfer | | | | | |
| Major: | Mir | nor: | | | | | | |
| | | | | | | | | |
| SECTION IX. OTHER INFORMATIO | • | | | • , | (Chools | all that apply | | |
| What other federally funded program STEM Kū | | e you enroii a Kapiʻolani | | at KCC? | Othe | , | | |
| Have you in the past participated in YES NO | | RIO program | such | as UPW | ARD BO | DUND? | | |
| SECTION X. HEARD ABOUT TRIO | FRΩ | M (Check al | ll that | t apply) | | | | |
| High School Counselor | | | | - ~FF'J/ | | KCC Counselor | | |
| New Student Orientation | | KCC Instru | ıctor | | | TRIO Postcard | | |
| Friend | | TRIO Participant | | | | | | |

I authorize the TRIO-SSS program staff to access my University of Hawaii system records (including those at the KCC Financial Aid and Admissions and Records offices) for the purposes of determining program eligibility and audits and statistical reporting. By signing below, I verify that the information I have submitted on my TRIO-SSS application is true and complete to the best of my knowledge. Failure to provide necessary documentation may be cause for denial and/or cancellation in the Program. I also give the TRIO-SSS program permission to verify the information on my application as necessary and to monitor my academic progress while enrolled at KCC.

I agree to allow the TRIO-SSS Program to use my name and/or photograph in newsletters, press releases, and other such announcements until I specifically request in writing that my name and/or photograph not be used for these purposes.

**Privacy Act: In accordance with the Privacy Act of 1974 (Public Law No.93-579, U.S.C. 552a), you are hereby notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing the information on this form, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files and may be released to other department officials in the performance of their official duties.

| Student Signature: | Date: | | | | |
|--------------------|--|--|--|--|--|
| | | | | | |
| | TRIO-SSS is a federally funded program | | | | |