

# TRIO STUDENT SUPPORT SERVICES APPLICATION

Name:  (Last)  (First)  (MI) Date:

Phone:  RCTC Stinger ID#  RCTC Email Address:

Have you been in a TRIO program before? Yes  No

**-- PLEASE ANSWER THE FOLLOWING QUESTIONS --**

(Question #1 is voluntary; all others must be answered) **(Double click on check boxes to fill box)**

1. a. Do you identify yourself as being of Hispanic origin? Yes  No   
b. Please check all ethnic backgrounds you identify with: Native American/Native Alaskan  Asian  Black or African-American  White  Native Hawaiian/other Pacific Islander  Other
2. Citizenship: US Citizen  Permanent Resident  Other
3. Did either of your parents earn a bachelor's degree (BS/BA) from a college/university? Yes  No
4. Is English your first language? Yes  No  - If no, what language?
5. Do you have a documented disability? Yes  No  - If yes, please describe   
If yes, does the RCTC Disabilities Office have your disability documentation on file? Yes  No
6. Marital status: Married/Partnered  Single  Separated  Widowed/Divorced
7. Please provide your or your parents/legal guardians last year's taxable income
8. Are you receiving financial aid through RCTC? Yes  No   
If yes, what term did you first apply? Fall  Spring  Summer  Year
9. How are you planning on financing your college education?

**-- CHECK THOSE AREAS IN WHICH YOU BELIEVE YOU WOULD LIKE ASSISTANCE -**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Improving Study Skills                | <input type="checkbox"/> Adjusting to College                  | <input type="checkbox"/> Clarification of Goals/Career Exploration |
| <input type="checkbox"/> Tutoring/Academic Improvement         | <input type="checkbox"/> Exploring Financial Aid Options       | <input type="checkbox"/> Dealing with Personal Problems            |
| <input type="checkbox"/> Dealing with Stress / Time Management | <input type="checkbox"/> Academic Advising / Selecting Classes | <input type="checkbox"/> Other: <input type="text"/>               |

Applicant's Signature  Date

Program Director's Signature  Date

Once you have completed this application, please return it to the RCTC TRIO SSS office located in SS159. Our address is: TRIO SSS, Rochester Community and Technical College, 851 30th Ave SE, Rochester, MN 55904. For additional information, please call telephone: 507-285-7203 or email: madison.wurth@rctc.edu or jason.bonde@rctc.edu.

Date Received \_\_\_\_\_ FG \_\_\_\_\_ LI \_\_\_\_\_ D \_\_\_\_\_ FA \_\_\_\_\_  
(office use only)