



STUDENT SUPPORT SERVICES

Student Support Services TRIO

SSS TRIO is a federally funded program

Napa Valley College



Referral by: _____

Student Information:

Legal Name:

First Name Middle Initial Last Name

Street Address: _____ City: _____ Zip: _____

Contact Information:

Home Phone: _____ Cell Phone: _____

Email Address:

(personal email address not your NVC Email)

Gender: [] Female [] Male

Date of Birth:

Eligibility Information:

NVC Student ID#:

*SSS TRIO can now serve all students regardless of citizenship status.

Ethnicity (Check all that apply):

Has either of your parent(s) or guardian(s) earned a Bachelor's Degree from a 4-year institution? [] No [] Yes

- [] American Indian or Alaskan Native [] Asian
[] Native Hawaiian or Pacific Islander [] African American
[] Hispanic or Latino [] White
[] More than one ethnic group
[] Other: _____

Are you a previous NVC SSS TRIO Student? [] No [] Yes
If yes, what year did you enter program? _____

Language(s) spoken in the home:

- [] English [] Spanish [] Tagalog
[] Other: _____

Financial Information: Please select one option below.

Financial Aid/FAFSA:

[] DEPENDENT - claimed by parent(s) or guardian(s)
• Under the age of 24
Number of persons in your parents/guardians household (include self): _____
YES, my parents/guardians filed a federal income tax return last year.
Provide their last year's TAXABLE INCOME: \$ _____
NO, my parents/guardians DID NOT FILE a federal income tax return for last year.
Provide their last year's TOTAL INCOME \$ _____

Have you applied for FAFSA/CA DREAM Act for Financial Aid?
[] No [] Yes

[] INDEPENDENT - one or more items below apply to you
• Born before January 1, 1999 • Married
• Legal dependents (ie. Children) • Veteran (US Armed Forces)
• Orphan or a ward/dependent of the court (until age 18)
Number of persons in your household (include self): _____
YES, I did file a federal income tax return last year.
Provide your last year's TAXABLE INCOME: \$ _____
NO, I DID NOT FILE a federal income tax return for last year.
Provide your last year's TOTAL INCOME \$ _____

Public Assistance:

Do you or your family receive any public assistance?
[] No [] Yes, indicate type below (provide copy)
[] Food Stamps [] Aid to Families and Dependent Child(s)
[] Temporary Assistance Needy Families (TANF)
[] Social Security Benefits [] Disability Benefits
[] Other: _____

[] OR provide your (Independent Student) or your parents (Dependent student) SIGNED Federal

Foster Youth / Homeless / Veterans:

Are you a Foster Care Youth? [] No [] Yes
If yes, are you receiving services through Chafee Program?
[] No [] Yes
Are you a veteran? [] No [] Yes
Are you currently homeless?
(public or private place not designed for living accommodations)
[] No [] Yes

Are you or have you participated in any of the following (check all that apply):

- [] EOPS [] MESA [] CalWorks [] CARE
[] UMOJA [] Puente [] Veteran Services
[] Talent Search [] Upward Bound
[] Other _____

Tax Form (form 1040, 1040A, 1040EZ; page 1 and page 2, if applicable) to SSS TRIO Office. On the tax form, sign in the "Sign Here" signature box next to the job occupation.

<p>Disability / Accommodations:</p> <p>Do you have a disability? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p> <p>If yes, disability type: <input type="checkbox"/> Physical <input type="checkbox"/> Learning <input type="checkbox"/> Medical</p> <p>Did you have an I.E.P or 504 plan in K-12? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure</p> <p>If you have a Learning Disability, do you have accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In progress</p> <p>Services you are receiving: <input type="checkbox"/> DSPS <input type="checkbox"/> Learning Services <input type="checkbox"/> Not applied yet</p>	<p>Academic Information:</p> <p>Are you a high school graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, name of high school and graduation year: _____</p> <p>If you are not high school graduate, did you complete a GED? <input type="checkbox"/> No <input type="checkbox"/> Yes, list month & year completed:_____</p> <p>If you are a recent high school graduate, do you plan on taking a Summer Course? <input type="checkbox"/> No* <input type="checkbox"/> Yes <input type="checkbox"/> Maybe* (*Explore the benefits of taking a summer course)</p>
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Academic History:
List **ALL** colleges, universities, trade or technical schools attended since high school, **INCLUDING** Napa Valley College:

<i>College / University Attended</i>	<i>Dates of Attendance</i>	<i>College / University Attended</i>	<i>Dates of Attendance</i>
1.		3.	
2.		4.	

<p>English Placement Test:</p> <p><input type="checkbox"/> I have completed the English Placement Test <input type="checkbox"/> I have NOT completed the English Placement Test <input type="checkbox"/> Used scores from the following Institution: _____</p>	<p>Math Placement Test:</p> <p><input type="checkbox"/> I have completed the Math Placement Test <input type="checkbox"/> I have NOT completed the Math Placement Test <input type="checkbox"/> Other: _____</p>
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<p>Degrees/Certificates Earned:</p> <p>Do you have a previous degree from another institution? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list: _____</p> <p>Have you received or applied for a degree and/or certificate from Napa Valley College? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Transfer Information:</p> <p>Which 4-year school system are you interested in applying to for transfer. (check all that apply)</p> <p><input type="checkbox"/> California State University (CSU) <input type="checkbox"/> University of California (UC) <input type="checkbox"/> Private College <input type="checkbox"/> Out of State <input type="checkbox"/> Historically Black Colleges and Universities</p>
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<p>Major(s) / Interest:</p> <p>List the major(s) you are interested in or have decided:</p> <p>1. _____ 3. _____ 2. _____ 4. _____</p>	<p>Transfer Institutions:</p> <p>List the 4-year school(s) you are interested in transferring to:</p> <p>1. _____ 3. _____ 2. _____ 4. _____</p>
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Privacy Act: In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under the 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. 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.

Disclaimer and Certification:	
<i>Please initial on the lines below certifying that you have read and agree to each statement.</i>	
<p>____ RELEASE OF ACADEMIC RECORDS: I authorize Student Support Services TRIO Program staff to obtain academic records or data pertinent to my Participation from other departments, and programs including financial aid information prior to my participation and throughout my involvement in SSS TRIO.</p> <p>____ CERTIFICATION OF INFORMATION PROVIDED: In accordance with all Title IV Federally Funded programs, the Department of Education requires verification of income and residency status stated on this application. Information may be verified and documentation of income and residency status may be requested in order to comply with the Federal guidelines of the SSS TRIO Program, as well as future applications for college financial aid.</p> <p style="text-align: center;"><i>By signing on the signature lines below, we certify that each response within this application is true and complete to the best of our knowledge. It also indicates that we acknowledge and give consent to the requests of the SSS TRIO Program.</i></p>	
Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____

*Parent Signature Required If: 1) You are a **dependent student** and parent/guardian income information is indicated on this application or 2) Student is a minor (under 18 years of age).

SSS TRIO Office Use Only: Application Year: _____
Student Application Status: Accepted Denied Pending, _____