



STUDENT APPLICATION FORM

"Together we will design a pathway to success"

What is TRIO?

TRIO Student Support Services (SSS) is a program funded by the U.S. Department of Education. The TRIO-SSS of Miami Dade College Homestead campus serves students who are first generation, economically disadvantaged, and/or have a declared disability. The intention is to increase the probabilities of college success and transfer to an upper division institution.

Program Eligibility

Students must meet **at least one** of the following conditions to qualify for the TRIO-SSS program:

- low income (family meets Federal Government Income Eligibility Guidelines and verified by Miami Dade College)
- first generation (parent(s)/legal guardian did not graduate from a 4 year institution)
- documented disability with the Access Department

In addition, all TRIO-SSS applicants must:

- be undergraduate students who are admitted to Miami Dade College
- be U.S. citizens or permanent residents
- registered for classes
- demonstrate academic need

Process to become a participant in the TRIO program:

1. Fill out an application
2. Have an interview with the TRIO staff
3. Sign a commitment form
4. Attend an orientation session
5. Successfully complete the provisional period

Miami Dade College Homestead Campus

TRIO Student Support Services is made possible by funding in part from the U.S. Department of Education TRIO Division

COMMITMENT FORM

This is an agreement between the applicant and the TRIO program. Commitment to the following items will guarantee satisfactory participation in the program and a head start toward a successful future.

_____ **Maintain contact with my TRIO advisor**

I agree to communicate with the TRIO Student Support Services staff at least twice a month and to inform staff of any academic, financial or other related situation that should occur that would make it difficult for me to attend classes and participate in required MDC programs.

_____ **Attend the required seminar sessions for provisional TRIO students**

I agree to maintain a minimum of ten hours of combined participation each term in all TRIO Student Support Services. In addition, I will attend the seminar sessions as required for provisional students. If I am unable to attend, I will contact the TRIO staff to obtain the information covered.

_____ **Participate in Program activities**

I agree to participate in a minimum of three activities each semester, including workshops, leadership activities, and cultural events or advising and counseling sessions.

_____ **Fully participate in Tutoring sessions**

During the term that I request a tutor or one is assigned to me, I agree to meet at least twice a week with my tutor.

_____ **Develop an individualized education plan (IEP)**

I agree to meet with a Student Support Services staff member to develop an education plan that will help me establish and meet my goals.

Student Name: _____

Student MDID: _____

Student Signature: _____

Date: _____



STUDENT APPLICATION

United States Department of Education (USDOE)

Initial Inquiry

- Tutoring
- Advising
- Counseling
- Referred
- Other

Name _____ /_____/_____
 Last First Middle Initial Date of Birth Student MDID

Home Address _____ Apartment No. _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Mobile Phone Number _____ Email Address _____

High School Graduate? No Yes
 If No, GED? No Yes
 Transfer? No Yes
 What Year? _____ What Year? _____

Sex: Male Female Veteran: No Yes

Marital Status: Single Married Number of Dependents: _____

Citizen: Yes No If No, do you plan to become a US Citizen? Yes No Please explain: _____

Would you like to receive information about services to students with disabilities? No Yes

Credit Hours Completed: _____ Current G.P.A.: _____ Hours Currently Enrolled: _____

Major: _____

Do you have an Academic Advisor? No Yes If Yes: (Advisor's Name): _____

Have you applied for Financial Aid assistance? No Yes If No, Why not? _____

Do your parents claim you as an exemption on their tax return (1040)? No Yes

Has your parent/guardian earned a college degree? No Yes

I affirm that the information I have provided is true and correct to the best of my knowledge. I also give permission for the Student Support Services program to receive and inquire about my transcript, grades, financial data recommendations, and evaluations in order to fulfill the requirements of the Student Support Services program.

Student Signature: _____ Date: _____



SUPPLEMENTAL APPLICATION



Name _____
Last First Middle Initial

Student MDID: _____

We would like to know more about your interest in becoming a student with the TRiO Program. In a paragraph format (**five to six sentences minimum**) answer the following questions:

- *Why would you like to become part of the TRiO program?*
- *What do you expect to accomplish as part of your involvement with this program?*

Establishing goals and creating a plan to accomplish them is an important skill you will master as a college student. *What goals do you want to accomplish this semester?*

- _____
- _____
- _____



ELIGIBILITY DETERMINATION

(To be filled out ONLY by staff)



TO BE COMPLETED BY FINANCIAL AID OFFICER FOR:

Student Name _____

Student MDID _____

- The student did not apply for Federal Financial Aid
- The student is determined not eligible for Federal Financial Aid
- The student is determined eligible for Federal Financial Aid as a(n):
 - _____ Dependent student _____ Resident _____ Single _____ Independent Student
 - _____ Non-Resident _____ Married and has _____ # of dependents

The student was awarded Financial Aid based on the following income information:

Need: _____ EFC Code: _____ A family size of _____

Adj Gross Income of: \$ _____

The student has been awarded the following amount of aid:

CWS \$ _____	BIA \$ _____	UNSUBSIDIZED LOAN \$ _____
PERKINS \$ _____	SEOG \$ _____	PLUS \$ _____
STAFFORD \$ _____	SCHOLARSHIPS \$ _____	VOC. REHAB. \$ _____
PELL \$ _____	VETERAN'S BENEFITS \$ _____	STATE GRANT \$ _____
OTHER \$ _____	OTHER (SOURCE) INFORMATION _____	ALTERNATIVE LOAN TYPE \$ _____

The student's full financial need as determined by institutional and federal formulas has been met:

Financial Aid Advisor _____

Date _____

TO BE COMPLETED BY STUDENT SUPPORT SERVICES

Eligibility Criteria:

- First Generation/Low Income
 - First Generation Only
 - Low Income Only
 - Documented Disability
 -
- The student is determined ineligible because of: _____
- Referred To: _____