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
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: _________________________

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
TRIO – STUDENT SUPPORT SERVICES

STUDENT APPLICATION
United States Department of Education (USDOE)

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?          If No, GED?      Transfer?  

No                         No                  No

Yes

What Year?__________

What Year?__________

Sex:        Male          Female        Veteran:       No         Yes

Single      Married

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:____________________
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?

- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
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:

<table>
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<tr>
<th>CWS</th>
<th>BIA</th>
<th>UNSUBSIDIZED LOAN</th>
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<td>$_________</td>
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<td>OTHER (SOURCE) INFORMATION</td>
<td>ALTERNATIVE LOAN TYPE</td>
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</table>

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: ____________________

□