The mission of the Miami Dade College (MDC), North Campus TRIO Student Support Services (SSS) is to facilitate students’ transition to MDC, provide support opportunities for self-development and career exploration, strengthen academic performance, and assist students toward transition to upper division studies after successful completion and graduation from their degree program at MDC, North Campus.

Services provided by the program include:

- Academic support -
  - Skills Assessment
  - Study skills development
  - Test-taking enrichment
  - Tutoring
  - Computer Laboratory Academic Support
- Financial Aid Counseling
- Transfer Assistance
- Career Exploration
- Leadership Development
- Cultural Enrichment

Miami Dade College
North Campus
TRIO Student Support Services
Room 1120
11380 NW 27th Avenue
Miami, Florida 33167
Contact: Carlton L. Daley
Program Director
Telephone: (305) 237-1333
Fax: (305) 237-8137
cdaley@mdc.edu
Commitment Form

I agree to actively participate in the TRIO Student Support Services program by:

_______Developing an education plan
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.

_______Fully participating 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.

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

_______Maintaining Contact
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.

_______Staying involved
I agree to maintain a minimum of ten hours of combined participation each term in all TRIO Student Support Services.

Student Name:_____________________________________
Signature:__________________________________________Date:_______________

Miami Dade College
NORTH CAMPUS
Office of the Dean of Students
TRIO Student Support Services is made possible by funding in part from the U.S. Department of Education, TRIO Division.
Student Application
United States Department of Education (USDOE)
TRIO – Student Support Services

Name___________________________________________________        _______________       ________________
last                              first                    middle initial              date of birth              student number
_______________________________________________________________________      __________________          __________________
local address         email address    phone no.
_____________________________________________________________________________________________ ___________________
home address or permanent address                                                                                   phone no.
High School Grad? No ☐  If No, GED? No ☐  Yes ☐  What Year?______  Yes ☐  What Year?______  Transfer? No ☐  Yes ☐  
Sex: M ☐  F ☐  Veteran: Yes ☐  No ☐
Marital Status:    Single ☐      Married ☐  No. 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 Hrs.                   Current                                 Hrs. Currently
Completed______ GPA_______ Major ___________________________ Enrolled__________
Do you have an academic advisor? No ☐  Yes ☐  If Yes: (Advisor’s name)____________________________________
Have you applied for financial aid assistance? Yes ☐  No ☐  If no, why not?______________________________
Do your parents claim you as an exemption on their tax return (1040)? Yes ☐  No ☐
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 my transcript, grades, financial data
recommendations, and evaluations in order to fulfill the requirements of the Student Support Services
program.

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

Student Signature:_____________________________________________________  Date _____________
TRIO – STUDENT SUPPORT SERVICES ELIGIBILITY DETERMINATION (to be filled out by staff)

TO BE COMPLETED BY FINANCIAL AID OFFICE FOR:

___________________________________________________________                  ________________________
student name                       student number

☐ 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/___#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
$ __________Other (source)___________________  $________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:_____________________________________________