



2018-19 STUDENT APPLICATION

Student Support Services (SSS/TRIO)

PERSONAL DATA *all information will be held in strict confidence in compliance with the Family Educational Rights and Privacy Act

Today's Date: _____ Birth Date: Month _____ Day _____ Year _____ (required)

Century Student ID # : _____ (required)

Name _____
Last First Middle

Address _____
Number/Street Apt. No.

City State Zip

Phone Home (_____) _____ Work (_____) _____

Cell (_____) _____ E-Mail address: _____

Gender:

___ 1. Male
___ 2. Female

Marital Status:

___ Single
___ Married

Citizenship Status:

___ U.S. Citizen
___ Resident Alien
___ Permanent Resident of Trust Territories
___ Other (_____)

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?

Yes _____ No _____

Racial background (select one or more)

_____ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

_____ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.

_____ **Black or African American** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

REFERRAL: How did you hear about Student Support Services ? _____

For SSS Use Only: Eligibility Code _____ Need Code _____ First Enroll Date _____ Project Entry Date _____
Staff _____

INCOME ELIGIBILITY (completion of this section is required)

- 1) Are you receiving financial aid? YES or NO (CIRCLE ONE) **If yes, print a copy of your award letter.**
 2) For financial aid purposes, are you considered DEPENDENT** or INDEPENDENT ? (CIRCLE ONE)
**** Generally, if you are under 24 years of age, single, and have no children, you are a DEPENDENT.**

If <u>Dependent</u> , complete this section	If <u>Independent</u> , complete this section
<p>Did your parents file a federal income tax return for 2017? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, PLEASE SUBMIT A COPY OF YOUR PARENTS' TAX RETURN</p> <p>OR</p> <p>If NO, PARENT MUST COMPLETE:</p> <p>Taxable Income: _____ (IRS form 1040, line 43; IRS form 1040-A, line 27; IRS form 1040-EZ, line 6)</p> <p>Total number of family members: _____</p> <p>Parent Name: _____ (please print)</p> <p>Parent Signature: _____</p>	<p>Did you file a federal income tax return for 2017? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How many family members are in your household, including yourself? _____</p> <p>If YES, what was your taxable income? _____ (IRS form 1040, line 43; IRS form 1040-A, line 27; IRS form 1040-EZ, line 6)</p> <p>If NO, place a "0" on line for taxable income.</p> <p>Verification of Income Information Provided:</p> <p>Applicant Signature: _____</p>

HOUSEHOLD INFORMATION (any applicant who is a parent with children must complete)

NAME OF CHILD	DATE OF BIRTH (MM/DY/YR)
_____	_____
_____	_____
_____	_____
_____	_____

PARENT EDUCATION

What is the highest level of education completed by your parents? Check one for **each** parent.

	Grade School (grade 1-6)	High School (grade 7-12)	Some College (No Degree)	2-Year College Degree (Associate's Degree)	4-Year College Degree (Bachelor's Degree)	Graduate Degree	Unknown
Mother							
Father							

If you were raised in a single-parent household prior to age 18 and that single-parent did not receive a 4-year degree, check here.

STUDENT DISABILITY INFORMATION

1. Are you registered with or receiving disability services through Century's Access Center?
_____ Yes _____ No
2. If yes, please identify your disability: _____

STUDENT EDUCATIONAL HISTORY

Do you plan to receive a degree? yes no If yes, what degree? _____

Do you plan to transfer? yes no

Please list all other colleges and universities you have attended. Include dates and degree/diploma attained, if applicable:

APPLICANT'S PERSONAL STATEMENT (please address the following points)

1. Briefly explain your educational and career goals.
2. Do you plan to be a full-time or part-time student?
3. What help might you need to complete your goals?

How can we help you complete your goals? (check all that apply)

Academic Skills:

- Time Management
- Study Skills
- Test Taking/Test Anxiety
- Reading Comprehension
- Writing
- Organization
- Note Taking
- Math Skills
- Basic Computer Skills
- Tutoring
- Learning Strategies

Advising and Career:

- Career Planning
- Choosing a Major
- Academic Advising/Planning/Course Selection
- Transfer Planning
- Goals/Decision Making
- Financial Aid Advising

Other:

- Financial Literacy
- _____

STUDENT CERTIFICATION and RELEASE

*I, the above named applicant, certify that the information I have provided on this application is complete and correct. I authorize SSS staff to obtain records or data in support of my application from other sources, and to release information as required by the grant-funding agency of the United States Government. I agree that if I am accepted into SSS, program staff may have access to my academic and financial aid records and may include my name as a participant in SSS publications. **Note: SSS is a federally funded TRIO program. The US Dept. of Education requires reporting by Social Security number. If accepted into the program, you will be required to provide this information.***

Student Signature

Date

Your SSS application must be completed, signed and returned to the address below before you can be evaluated for admission into the Student Support Services (SSS/TRIO) Program. Submit your application to:
*Student Support Services (SSS/TRIO)
Room 2460 (West)
3300 Century Avenue, White Bear Lake, MN 55110
Questions? Please call us at 651.779.3226*



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