



College of the Mainland[®]

STUDENT SUPPORT SERVICES

TRiO PROGRAMS

ABOUT US

The Student Support Services (SSS) Program is a federally funded grant program through the Department of Education in Washington, DC. College of the Mainland received a grant to provide services for degree-seeking students who meet at least one of the following eligibility criteria:

- First-generation students (neither parent has a Bachelor's degree)
- Low-income students and Pell Grant recipients
- Students with a documented disability

OUR MISSION

The focus of the SSS Program is to empower students to reach their academic and personal goals by staying enrolled in and graduating from a college/university. SSS supports the success of its students through student learning, development, and educational experiences.

APPLICATION INSTRUCTIONS

To apply for SSS, please submit the following documents to the SSS Staff:

- _____ Completed Application
- _____ Copy of Your FAFSA Confirmation Page or COM Financial Aid Award Letter
- _____ Completed TRiO Programs Student Contract
- _____ Completed Financial Affidavit Form. If you are under the age of 24, your parents must complete the Financial Affidavit Form using their income and tax information. Applicants who are under the age of 24 that are married, have dependents receiving over half their support from them, are in or aging out of foster care, emancipated minors, and/or classified as homeless/unaccompanied youth are not required to provide parental income and tax information.

All information must be correct and legible for the processing of your application. Please make sure your contact information is accurate so that we may contact you to schedule an appointment if you are accepted.

For questions please contact:

Ciro Reyes
TRiO Director
Student Center – Suite 212
409-933-8273
creyes@com.edu

Robert Arenas
SSS Academic Advisor
Student Center – Suite 212
409-933-8507
rarenas@com.edu

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College of the Mainland®

STUDENT SUPPORT SERVICES TRiO PROGRAMS APPLICATION

This form allows the Student Support Services Program to verify your eligibility for the program and better serve you. Please provide **all** of the information requested and print legibly – **no cursive**.

PERSONAL INFORMATION

D.O.B.: _____ SS#: _____ Student ID: _____

Name: _____ Home Phone Number: _____
Last First Middle

Address: _____ Cell Phone Number: _____

City: _____ Zip: _____ Emergency Contact: _____

Gender: Male Female E-mail: _____

US Citizen: Yes No Maiden Name: _____

Veteran: Yes No

Marital Status: Single Married Divorced Widowed

Ethnic Groups: Caucasian Hispanic/Latino Black/African American Asian
 American Indian/Alaskan Native Other

ACADEMIC ASSESSMENT

Total number of college credit earned prior to this semester: _____

Numbers of hour(s) you are currently enrolled in: _____

Major: _____ Minor: _____

Current College GPA: _____

Do you plan to earn a Bachelor's Degree? Yes No Undecided

If you checked "undecided", please state why: _____

Hours dedicated to studying per day: _____

Projected date of graduation: _____

School attendance: Full-time Part-time

Has it been more than five years since you have been in school? Yes No

Work status: Full-time Part-time Unemployed

CHECK THE SSS SERVICES THAT INTEREST YOU:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Advisement | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Assistance with Financial Aid Forms | <input type="checkbox"/> Personal Coaching | <input type="checkbox"/> Transfer Planning |
| <input type="checkbox"/> Career Testing and Occupation Information | <input type="checkbox"/> Study Skills Training | <input type="checkbox"/> Student Success Workshops |

What challenges might keep you from completing your degree?

(Family, grades, social life, money, self-motivation, career decision, other – please explain)

How did you hear about us? _____ Have you ever participated in a TRiO Program? Yes No

ELIGIBILITY INFORMATION

Do you have any of the following impairments, disabilities, or other conditions that may require services or accommodations in order for you to be successful? (Select all that apply)

- None Learning Disability (e.g., dyslexia, Aphasia) Blind
 Deaf Speech Impairment Orthopedically Impairment Visual Impairment
 Other: _____

Is English your native language? Yes No

Do you have difficulty speaking or understanding English? Yes No

Have either of your parent(s) or guardian(s) received a bachelor's degree? Yes No

FINANCIAL/FINANCIAL AID INFORMATION

Do you have children and/or dependents who receive more than half of their support from you? Yes No
(If no and you are under age 24, please have your parents complete and sign the Financial Information Affidavit)

Is the student in, or aging out of, foster care? Yes No
(If yes, documentation from your Case Worker will be required)

Is the student an emancipated minor? Yes No
(If yes, documentation will be obtained from the Financial Aid Office)

Is the student classified as an unaccompanied/homeless youth? Yes No
(If yes, documentation will be obtained from the Financial Aid Office)

Have you completed your FAFSA for this year? _____
(Please attach a copy of your FAFSA confirmation page or COM Financial Aid Award Letter to this application)

Are you a Pell Grant recipient? Yes No

Do you receive any other grants and/or scholarships from COM? If so, please list.

I certify that all of the above information is correct, and I give permission to release appropriate documentation regarding my enrollment, disability status and information provided by the Financial Aid Office to Student Support Services. I give Student Support Services permission to discuss with my instructor my grades, classroom skills and difficulties in order to arrange appropriate tutoring and student support. Student Support Services has my permission to use my name, pictures and birth date in related media releases.

Student Signature _____ Date _____ Advisor _____ Date _____

STAFF USE ONLY

Cohort Year: _____ Institutional Entry Date: _____

REQUIRED DOCUMENTATION MISSING:

- Income Verification PSPR Financial Aid Verification
 IALP Contract

DIRECTOR'S USE ONLY

ACADEMIC NEEDS:

- Low high school grades Predictive Indicator High School equivalency
 Diagnostic test (5+years) Low college grades Failing Grades
 Limited English proficiency Low admission test scores Out of academic pipeline
 Lack of educational and/or career goal
 Lack of academic preparedness for college level course Lack of academic support to raise grades in req. course

Accepted: Reason: Eligible under grant guidelines and #'s (First generation Low income Disabled)

Rejected: Reason: Not Eligible under grant guidelines

Signed: _____ Date: _____



STUDENT SUPPORT SERVICES TRiO PROGRAMS

FINANCIAL INFORMATION AFFIDAVIT

This form must be completed in its entirety for consideration under federal income guidelines. Please call the TRiO Student Support Services Office prior to submitting the application if you have any questions. Proof of income is required if you are submitting income as criteria for eligibility. This affidavit will serve as proof of income; however, we also encourage you to bring a copy of your most recent federal income tax return (Form 1040, 1040A, or 1040 EZ) or other income documentation for staff verification. Students 24 years old or younger must use their parents' income and tax information for this affidavit (unless the student is married, has dependents receiving over half their support from them, is in or aging out of foster care, is an emancipated minor, and/or is classified as homeless/unaccompanied youth).

Note: a) If you were required to file a tax return last year, complete section 1.
b) If you were *not* required to file a return last year, complete section 2.

1) IF YOU WERE REQUIRED to file a tax return last year, complete this section:

Income for the last calendar year for those required to file with the IRS

Total Number of Exemptions/Dependents Claimed: _____ (Tax Return, 1040A—Line 6d, 1040EZ—N/A, or 1040—Line 6d)

\$_____, _____ .00 Taxable Income (Tax Return, 1040A—Line 27, 1040EZ—Line 6, or 1040—Line 43)

\$_____, _____ .00 Total Amount of Itemized Deductions (Tax Return 1040A—Line 24, 1040EZ—N/A, or 1040—Line 40; write in "0" if deductions were not itemized)

The Above Income Figures Are (Check One): _____ From a Completed IRS Form _____ Estimated, Will File

Check Filing Status:

- Single / Head of Household Married / Filed Separately
 Married / Filed Jointly Over 65 Years Old

2) IF YOU WERE NOT REQUIRED to file a return last year, complete this section:

For those who are not required to file a tax return and/or who received any type of public assistance for the last calendar year

A Tax Return was Not Filed because (Check Off those Items that Applied to Your Situation):

- Amount of Total Income Earned..... Indicate Annual Income \$ _____
 Received Public Assistance.....Indicate Monthly Assistance Income \$ _____

Department of Social Services Case Number: _____

Check Each Type of Assistance You Received:

- ____ Social Security Benefits
____ Temporary Aid to Needy Families (TANF)
____ Child Support
____ Rent Subsidies
____ Food Stamps

Check Marital Status:

- ____ Single ____ Married
____ Separated ____ Divorced
____ Widow ____ Single / Head of Household

Are You / Your Spouse Over 65 Years Old? _____

Total Number in Household: _____

Indicate Number of Dependent Children: _____

AFFIDAVIT: I certify that the above information is true and correct and all income is reported. The sponsor, auditor or other official may verify it and that deliberate misrepresentation may subject me to prosecution under applicable State/Federal laws. If I do not give further proof when asked, the applicant will not be accepted.

Applicant's/Guardian's Signature

Social Security Number

Date

Applicant's/ Guardian's Signature

Social Security Number

Date



STUDENT SUPPORT SERVICES TRiO PROGRAMS CONTRACT

I understand that the goal of this program is to retain and graduate eligible students at College of the Mainland. I further understand that I:

- 1) Will be assigned an advisor
- 2) Will have use of the computer lab
- 3) May receive tutoring, coaching, study skills help, academic pre-advising, peer support, various support workshops, scholarship opportunities, and access to the look-at-a-book program.

I am aware that I am required to:

- 1) Complete and update my degree plan each semester to ensure that it remains current and to determine that I am taking the correct courses for my degree.
- 2) Meet with a counselor and/or advisor a minimum of two times during the semester.
- 3) Attend a minimum of two study skills workshops and/or cultural educational trips per semester.
- 4) Agree to have contact with Student Support Services at least two times a month in order to develop a plan to improve my academic standing if my GPA falls below 2.0 or if I have dropped below 50% of the courses for which I have registered.
- 5) Cooperate with follow-up surveys, questions, phone calls, etc.

We strongly encourage you to remain active in Student Support Services in order to take advantage of all of the benefits that go with membership. Failure to fulfill the above requirements may render you inactive.

I hereby give permission for Student Support Services staff to disclose and receive information concerning the nature of my Student Support Services eligibility and information concerning my academic progress on an as-needed basis with appropriate faculty and staff at College of the Mainland. My signature signifies that I have read and understood this contract

Student Signature

Date

Staff Signature

Date