PeopleSoft ID#: _____

Bluegrass Community & Technical College
HIGHER EDUCATION BEGINS HERE

Student Support Services
Danville Campus
Program Application

Room 104B

Student Support Services is a federal program funded through the U.S. Department of Education and sponsored by BCTC, an equal opportunity institution. Acceptance into the program is contingent upon meeting eligibility criteria and space availability. Information gathered on this application will be used to determine eligibility and will be held in strict confidence.

PERSONAL INFORMATION

Name: _____
First Middle Last

Current Address: _____
P.O. Box or Street Apt # City State Zip

Email:_____@kctcs.edu Preferred Phone: _____ □ Cell □ Home

Social Security Number: _____ Date of Birth: _____/_____/_____

Ethnicity: □ Hispanic or Latino □Yes □No

Race: □ American Indian or Alaska Native □ Asian □ Native Hawaiian/Pacific Islander
□ White □ Black or African American □ More than one race

Gender: □ Male □ Female

Have you previously participated in other TRiO programs such as Talent Search or Upward Bound? □Yes □No

Are you a US Citizen: □Yes □No *(If no, please attach documentation to prove status).*

ELIGIBILITY INFORMATION

Did either parent of which you resided with as a minor graduate with a bachelor degree? □Yes □No

Do you have a documented disability? □Yes □No
(If yes, have you registered with the BCTC Office of Disability Support Services by submitting documentation of your disability?) □Yes □No

You may be required to submit written documentation by a qualified professional, physician, or state agency to verify your eligibility with Disability Support Services.

EDUCATIONAL INFORMATION

High School Graduation Date: _____ *or* GED Completion Date: _____

Current education status: ____ 1st year (0-29 credits) ____ 2nd year (30+ credits)
____ Transfer student ____ Re-entering student (out of college 5 years or more)

Major: _____

Academic Goals:
Do you intend to complete an AA/AAS/Certificate or Diploma from BCTC? □Yes □No
___Certificate ____ Diploma ___ Associate ___ Undecided

Do you intend to transfer to a 4-year college/university? List school _____

**** YOUR APPLICATION WILL NOT BE PROCESSED UNTIL TAX FORMS ARE RECEIVED ****

FAMILY INFORMATION

Marital Status: □ Single □ Married

Do you have children or other dependents (other than a spouse) who receive more than half of their support from you? □Yes □No

At any time since reaching 13 years of age, were you an orphan, in foster care, or a ward of the court? □Yes □No

Prior to reaching 18 years of age, were you an emancipated minor or did you have a court-appointed legal guardian? □Yes □No

Are you serving on active duty (for other than training purposes) in the US Armed Forces? □Yes □No

Are you homeless (you lacked a fixed, regular, adequate night-time residence) or are you at risk of becoming homeless? □Yes □No

FAMILY INCOME INFORMATION

The federal government requires that SSS/TRiO have on file documentation of the family's annual TAXABLE INCOME as reported on the federal tax form 1040, 1040A, or 1040EZ for the prior year.

Have you applied for financial aid at BCTC? □Yes □No

Total number of persons in the household *(including yourself)*: _____

What was your family's taxable (not total) income? **$**□□□□□.□□

My family did not file a federal income tax return for the previous calendar year. □Yes □No

Note: *Taxable income can be found on the federal income tax return.* On 2015 ***IRS form 1040, see line 43. On IRS form 1040A), see line 27, and form 1040EZ, see line 6.***

STUDENT RELEASE

By signing below, I hereby verify that all the information provided on this application is accurate to the best of my knowledge. I hereby give permission for the BCTC Student Support Services program to review any available academic and financial aid records deemed necessary. I understand that this information is confidential and withholding information on this application or giving false information will make my application ineligible for admission to the BCTC SSS program.

Student Signature: _____ Date: _____

For office use only:

Date received: _____

Eligibility: □LI only □ FG only □DI only □LI&FG □LI & DI
Status: □Accepted □Waiting List □Ineligible

_____ _____ _____
Director **Assigned Advisor** **Date**