

## STUDENT SUPPORT SERVICES

## **Lexington Campuses Program Application**

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.

Name	First	MI	I:	ast		
Current Address	11131	1411	L			
Current Address	P.O. Box or Street	City	State	Zip Code		
Email		Preferred Phone	<u> </u>	□ Cell □Home		
Social Security Num	ber	Date of Bir	th/	Gender:MF		
Citizenship Status:	U.S. Citizen:	YesNo				
If no, are you a perm	nanent resident alien	of the U. S.?	_YesNo (A	attach a copy of your green card)		
Ethnicity:	Hispanic or Latino	YesN	o			
Race:	American IndianBlack or AfricanWhite	n or Alaska Native n-American	AsianNative Hawaiian or other Pacific IslanderOther			
Are you a veteran?	YesNo	)	TRiO programs	Tave you previously participated in other RiO programs such as Talent Search or Jpward Bound?YesNo		
ELIGIBILITY INF	ORMATION					
Has either of your pa	arents you grew up	with, graduated wit	h a bachelor's de	gree?YesNo		
Are you an individual of yes, have you regit documentation of you	stered with the BCT	TC Office of Disabi	ility Support Serv			
You may be required agency to verify you		locumentation by a	qualified profess	ional, physician, or state		
EDUCATIONAL I	NFORMATION					
High School Gradua	tion date	or	GED Completic	on date		
Current educational		1 <sup>st</sup> year (0-24 cr		2 <sup>nd</sup> year (24+ credits)		
		Transfer studen		Re-entering student (Out of college 5 years or more)		
Major						

Academ	nc goals:	Certificate	Dip	oloma	Ass	ociate's	Undecided
	-	Transfer to	a 4-year sch	ool			
FAMIL	Y INCOME I	NFORMATIO	N				
participa	nts. In order to	of Education rec verify that your formation, it will be	family income	is in line			
Marital S	Status: S	ingle Mar	ried	1	Number of mem	bers in househ	nold
Do you h	nave dependent o	children?Ye	sNo	I	f yes, how man	y?	
Have you	u applied for fina	ancial aid at BCTO	C?Yes _	No			
Did you	file an Income T	ax Return last year	ar?Yes	No	(If yes, please pro	ovide a copy of	the form)
Did your	parents claim y	ou on their taxes l	ast year?	_Yes	_No (If yes, ple	ease provide a co	opy of the form)
If you or	your parents did	d not file an Incom	ne Tax Return	last year,	what was your	income?	
Taxable	Income: \$			Untaxed	Income: \$		
Please in	dicate the source	e of Untaxed Inco	me:				
D	Disability Inemployment	K7	ΓAP eterans' Benef	its _	Social Second Se	ecurity lease specify _	)
STUDE	NT RELEASE						
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Date\_

Director's Signature\_