

**** 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? \$

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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 the 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:	<input type="checkbox"/> LI only	<input type="checkbox"/> FG only
Status:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Waiting List
	<input type="checkbox"/> DI only	<input type="checkbox"/> LI&FG
	<input type="checkbox"/> LI & DI	<input type="checkbox"/> Ineligible
_____	_____	_____
Director	Assigned Advisor	Date