

Referred by:



TRIO 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.

FOR OFFICE USE ONLY
Eligibility: FG & LI FG LI D DLI
Status: Accepted Waiting List Ineligible
Director's Signature _____
Date _____

PERSONAL INFORMATION

Name _____
 First MI Last

Current Address _____
 P.O. Box or Street City State Zip Code

Preferred Phone _____ Cell Home Email _____@kctcs.edu

Social Security Number _____ Student ID# _____

Date of Birth ____/____/____ Gender: ___M ___F

Race (check all that apply): ___ American Indian or Alaska Native ___ Asian
 ___ Black or African-American ___ White
 ___ Native Hawaiian or other Pacific Islander

Ethnicity: Hispanic or Latino ___ Yes ___ No

EDUCATIONAL INFORMATION

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

High School Graduation date _____ or GED Completion date _____

Do you plan on earning an Associate's Degree or credential from BCTC? ___ Yes ___ No

 If so, when? _____

Do you plan on transferring to a 4-year institution? ___ Yes ___ No

 If so, when? _____

NEEDS ASSESSMENT

I could use help in the following areas:

<u>ACADEMIC</u>	<u>ACADEMIC RELATED</u>	<u>CAREER</u>	<u>PERSONAL</u>
<input type="checkbox"/> Reading	<input type="checkbox"/> Note Taking	<input type="checkbox"/> Choosing a Major	<input type="checkbox"/> Stress Management
<input type="checkbox"/> Math	<input type="checkbox"/> Writing Skills	<input type="checkbox"/> Choosing a Career	<input type="checkbox"/> Time Management
<input type="checkbox"/> English	<input type="checkbox"/> Test Taking	<input type="checkbox"/> Transfer Assistance	<input type="checkbox"/> Money Management
<input type="checkbox"/> Science	<input type="checkbox"/> Math Anxiety	<input type="checkbox"/> Resume Writing	<input type="checkbox"/> Self-Esteem
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Interview Skills	<input type="checkbox"/> Goal Setting
	<input type="checkbox"/> Attendance Issues	<input type="checkbox"/> Job Search Skills	<input type="checkbox"/> Critical Thinking
	<input type="checkbox"/> Computer Skills		<input type="checkbox"/> Peer Mentoring

ELIGIBILITY INFORMATION

U.S. Citizen: _____ Yes _____ No
If no, are you a permanent resident alien of the U.S.?
(please attach documentation to prove status) _____ Yes _____ No

Are you an individual with a documented disability? _____ Yes _____ No

If yes, have you registered with the BCTC Office of Disability Support Services? _____ Yes _____ No

Has either of your parents or legal guardians you
grew up with graduated with a 4-year bachelor's degree? _____ Yes _____ No

DEPENDENCY STATUS

Marital Status: (Please check one) _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Do you have any children or 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 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 Armed Forces? _____ Yes _____ No

Are you a US Armed Forces veteran who was on active duty
and was released under a condition other than dishonorable? _____ Yes _____ No

Are you homeless or are you at risk of becoming homeless? _____ Yes _____ No

FINANCIAL INFORMATION

Have you applied for financial aid? _____ Yes _____ No

What is the total number of **persons** (including you) in your household? _____

Did you file a Federal Income Tax Return for the last calendar year? _____ Yes _____ No

If Yes, what is your household's **taxable*** (not total) income for the last calendar year? \$ _____

***NOTE: Please only include your information if marital status is married, separated, or widowed, if you answered "Yes" to any of the above Dependency questions, or if you are 24 years old or older. Otherwise, please include the income of your parent(s)/guardian(s). Taxable income can be found on the Federal Income Tax Return. On IRS form 1040, see line 11b.**

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.

Signature

Date

**Please return to: TRIO Student Support Services
470 Cooper Drive
AT-102
Lexington, KY 40506
(mail or in-person)**

**TRIO Student Support Services
500 Newtown Pike
SEC 101
Lexington, KY 40508
(in-person only)**