



Student Support Services Program
Application for Admission



Student ID#: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Full Legal Name: _____
Last First MI.

Mailing Address: _____
Street

City Zip Code

Phone: Home/Work/Cell () _____ - _____ E-mail: _____

Gender: ___ Male ___ Female ___ Non-binary ___ Other ___ Prefer not to state

Race/Ethnicity: ___ Asian/Asian-American ___ Black/African-American/African descent ___ Latinx
___ Indigenous/Native American/Alaskan Native ___ Native Hawaiian/Pacific Islander ___ Filipino ___ White
___ Other ___ Prefer not to state

Are you currently enrolled in 12 or more units? Yes No

Current class ranking: Freshman (0-30 Units) Sophomore (31-60+)

Are you a U.S. Citizen? Yes No If no, are you a permanent resident? Yes No

Do you have a disability requiring accommodations? Yes No

Do you plan on transferring to a 4-year College/University? Yes No

If yes, which institution? _____

Educational Goal (choose all that apply): AA/AS BA/BS MA/MS Doctorate/Professional

What is your major/field of interest and career pathway? _____

Did you apply for FAFSA? Yes No

Have you completed a Student Education Plan (SEP)? Yes No

Are you participating in any other support program on campus? (Ex: DSS, EOPS, RSP, Puente)

Yes No If so, which program(s)? _____

Income Verification Requirements

Number of people in household: _____ Taxable income (not adjusted gross) from 1040 form: _____

- 1. To Complete Your Application You Must Submit a Copy of Your (if independent) or Parent/Guardian's (if dependent) Most Recent Federal Tax Return

My signature below confirms that the information provided in this application is true to the best of my knowledge and authorizes SSS personnel to receive my transcripts, grades, financial data, recommendations, and evaluations for the purposes of determining program eligibility and academic progress.

Student Signature: _____ Date: _____

Student Support Services (SSS)

First Generation College Student Declaration

The definition of a first generation college student is an individual whose parent(s) or guardian(s) have not earned a recognized Bachelors degree from a four year college institution.

Based on the above definition, please indicate below whether or not you qualify as a first generation college student.

Yes, I am a first generation college student

No, I am not a first generation college student

Why are you interested in being a part of the TRIO ACES Student Support Services Programs?

What services/support/resources in getting more information about?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Transfer information | <input type="checkbox"/> Career exploration | <input type="checkbox"/> Educational plan | <input type="checkbox"/> Academic advising |
| <input type="checkbox"/> Housing information | <input type="checkbox"/> Financial literacy | <input type="checkbox"/> Academic support | <input type="checkbox"/> Financial aid/scholarships |
| <input type="checkbox"/> Food information | <input type="checkbox"/> Community resources | <input type="checkbox"/> Resume building | <input type="checkbox"/> Mental wellness |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> College options |

Student Name

Student Signature

Date

Parent or Legal Guardian Signature
(If Available)

Date

