

# Application for TRIO Student Support Services

Stark State College of Technology  
6200 Frank Ave. NW  
North Canton, OH 44720  
330-305-6602

Social Security Number    -   -

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or P.O. Box

City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Check all that apply:

**Ethnic Background:**

- Native American/Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander
- More than one race

**Citizenship:**

- US Citizen
- Other

**Gender:**

- Male
- Female

**Highest Level of Education:**

- High school diploma (yr. )
- GED (yr. )
- Associates Degree
- Bachelors Degree

**Educational Goals:**

- Certificate
- AAS
- AA
- Transfer to 4-year school

Course of Study: \_\_\_\_\_

Attendance: Full Time  Part time  When do you plan to finish? \_\_\_\_\_

Planning to Transfer? Yes  No  Where? \_\_\_\_\_

What are your career goals? \_\_\_\_\_

Current Stark State GPA (if applicable) \_\_\_\_\_ High School GPA \_\_\_\_\_

**While the TRIO Student Support Program is designed to help students succeed in college, it takes a commitment on the part of the student to truly be effective. Are you willing to sign a contract, stating your commitment to the program and its activities?**  Yes  No

**Program Eligibility**

- Have either of your parents graduated from a 4-year college or university? Yes  No
- Do you believe you might be eligible for SSS by virtue of a disability? Yes  No  If yes, have you registered with the Disability Support Office? Yes  No

**Income Information: Applicant *MUST* supply income documentation with this application**

Please check all that apply to you:

- Married     Have dependent children     24 years of age or older
- Both parents are deceased     Ward of the court     Armed Service Veteran

**If you checked none of the above, you are considered a dependent student and must submit your parent’s or guardian’s income documentation.**

**The federal government requires that TRIO/SSS have on file documentation of taxable income, such as federal tax forms or Student Aid Report from FAFSA, for all students admitted to the program.**

**Financial Aid Status:**

- Applied for Financial Aid
- Approved for Financial Aid
- Did not apply
- Have not heard from Financial Aid
- On Financial Aid probation or suspension
- Not approved for Financial Aid

**I certify that the information I have provided on this application is, to the best of my knowledge, true and correct. Furthermore, I understand that by applying for this program, I authorize the Student Support Services/TRIO Program to obtain records or data pertinent to my participation from other sources, and to release information as required by law or the terms of the Student Support Services/TRIO grant to the grant-funding agency of the federal government.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRIO Mission Statement**

**Stark State College of Technology’s TRIO Student Support Services Program serves students who are motivated to pursue and complete a postsecondary education. Through academic rigor, collaboration, intellectual curiosity, and personal growth, students and staff build pathways towards success, as well as lay the foundation for leadership, opportunity, and service to others.**

Together Realizing Individual Opportunities

## Needs Assessment Survey

**Please check all needs that apply to you:**

- |   |   |
|---|---|
| <input type="checkbox"/> Improve general study habits | <input type="checkbox"/> Improve note taking skills     |
| <input type="checkbox"/> Improve time management      | <input type="checkbox"/> Improve test taking skills     |
| <input type="checkbox"/> Enhance memory               | <input type="checkbox"/> Improve writing skills         |
| <input type="checkbox"/> Improve math skills          | <input type="checkbox"/> Improve vocabulary             |
| <input type="checkbox"/> Increase reading speed       | <input type="checkbox"/> Increase reading comprehension |
| <input type="checkbox"/> Improve grade point average  | <input type="checkbox"/> Receive transfer information   |
| <input type="checkbox"/> Make career decisions        | <input type="checkbox"/> Plan college courses           |
| <input type="checkbox"/> Reduce math anxiety          | <input type="checkbox"/> Improve spelling               |

**Check any of the following items which describe you:**

- |  |   |
|--|---|
| <input type="checkbox"/> Out of school too long                  | <input type="checkbox"/> Afraid of failing in college             |
| <input type="checkbox"/> Difficulty finding child care           | <input type="checkbox"/> Afraid I might not fit in at Stark State |
| <input type="checkbox"/> Difficulty meeting new people           | <input type="checkbox"/> Panic during tests                       |
| <input type="checkbox"/> Few computer skills                     | <input type="checkbox"/> Unsure of college procedures             |
| <input type="checkbox"/> Difficulty participating in discussions | <input type="checkbox"/> Little or no experience on the internet  |
| <input type="checkbox"/> Difficulty managing money               | <input type="checkbox"/> Difficulty meeting deadlines             |
| <input type="checkbox"/> May need personal counseling            |   |
| <input type="checkbox"/> Other _____                             |   |

**What obstacles(s) would most likely prevent you from completing your academic goals?**

- |  |   |
|--|---|
| <input type="checkbox"/> Poor study habits               | <input type="checkbox"/> Lack of money                  |
| <input type="checkbox"/> Taking the wrong classes        | <input type="checkbox"/> Always feeling tired           |
| <input type="checkbox"/> Always worrying                 | <input type="checkbox"/> Too shy                        |
| <input type="checkbox"/> Easily distracted               | <input type="checkbox"/> Bad grades                     |
| <input type="checkbox"/> Take things too seriously       | <input type="checkbox"/> Problems at home               |
| <input type="checkbox"/> Trouble sleeping                | <input type="checkbox"/> Afraid to speak up in class    |
| <input type="checkbox"/> Feeling depressed or sad        | <input type="checkbox"/> Dealing with bills             |
| <input type="checkbox"/> Family medical problems         | <input type="checkbox"/> Separation or divorce          |
| <input type="checkbox"/> No close friends at Stark State | <input type="checkbox"/> Recurring health concerns      |
| <input type="checkbox"/> Alcohol and/or drug problems    | <input type="checkbox"/> No support from family/friends |
| <input type="checkbox"/> Other _____                     |   |

**Express your feelings about the following subjects in one or two sentences:**

Math \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reading \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Writing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_