



TRiO

TRiO Student Support Services Application

Rockingham Community College
215 Wrenn Memorial Rd, Hwy 65, PO Box 38
Wentworth, NC 27375
(336) 342-4261 ext. 2144

For office use

Eligibility
 FG
 LI
 DA
Initials _____

<p>RCC Student ID Number: _____</p>	<p>_____ Last Name First Name Middle</p> <hr/> <p>Current Address City State Zip Code () ()</p> <hr/> <p>Primary Phone Number Alternate Phone Number</p> <hr/> <p>Birth Date MM/DD/YYYY RCC email @students.rockinghamcc.edu</p>	<p>Racial / Ethnic Background</p> <p><input type="checkbox"/> American Indian/Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____</p>
<p>Highest Level of Education Completed</p> <p><input type="checkbox"/> High School Diploma (year _____) <input type="checkbox"/> GED (year _____) <input type="checkbox"/> Adult High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher <input type="checkbox"/> Other colleges attended: _____ <input type="checkbox"/> Number of credits completed at other colleges: _____</p>		<p>Marital Status</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated</p>
<p>RCC Information</p> <p>When did you enroll at RCC? _____ Program of Study: _____ When do you expect to graduate? _____ Number of credits completed? _____ Do you plan to transfer to a 4-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure GPA: _____</p>		<p>United States Citizen</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>First Generation Indicator</p> <p>Did your mother or legal guardian complete a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Did your father or legal guardian complete a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes" to only one of the above questions, did you live with and receive financial support from that person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Disability <input type="checkbox"/> Yes</p> <p>If yes, please explain: _____ _____</p>
<p>Income Eligibility Indicator</p> <p>Do you support yourself financially? (Independent Student) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you support others? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of dependents and ages: _____ Does someone else claim you on their taxes? (Dependent Student) <input type="checkbox"/> Yes <input type="checkbox"/> No Have you filed for financial aid this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive a Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No How are you paying for your education? (Check all that apply): <input type="checkbox"/> Pell Grant <input type="checkbox"/> Work Study <input type="checkbox"/> Loan <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> JTEC <input type="checkbox"/> Employer <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self <input type="checkbox"/> VA loan <input type="checkbox"/> Other _____</p>		

TURN OVER

TRiO Student Support Services Application, Continued

Income Eligibility Indicator, Continued

Please indicate the annual salary reflected on your most recent taxes. If self-supporting, list your own. If you file jointly or are a dependent, list the annual salary of household. Check one and write amount next to range provided.

\$ - 0 -	\$17,655	_____	\$42,616	\$48,855	_____
\$17,656	\$23,895	_____	\$48,856	\$55,095	_____
\$23,896	\$30,135	_____	\$55,096	\$61,355	_____
\$30,136	\$36,375	_____	\$61,356	and over	_____
\$36,376	\$42,615	_____			

**Amounts represent 150 percent of the family income levels established by the Census Bureau for determining poverty status published on January 22, 2015.*

INFORMATION AUTHORIZATION RELEASE / CONFIDENTIALITY

By signing this form, I authorize Rockingham Community College or other universities I attended/am attending to release official transcripts, test scores, financial aid award information and other records to the Rockingham Community College Student Support Services Program for educational planning purposes. I also authorize Rockingham Community College Student Support Services Program to release these records to other institutions as they relate to my education planning.

The personal information that is provided to the Student Support Services Program will be protected under the Family Educational Rights and Privacy Act of 1974. No one will have access to the information unless he or she works with or for the Student Support Services Program or is specifically authorized by the student in question to see the information. The information is necessary to help determine the success of participants in post-secondary education as authorized by the U.S. Department of Education. (20 United States code 1231a)

RCC TRiO Student Support Services Program occasionally publishes student accomplishments and activities in newsletters, social media, and similar publications. By signing below, I acknowledge that my name, image, and select information may appear in TRiO SSS publications.

Signature

I certify that the information on this application is correct to the best of my knowledge and is voluntarily given.

Student Signature

Date

Application revised June 2015

The Student Support Services Program is a federally-funded grant from the Department of Education, Washington, DC.