



STUDENT SUPPORT SERVICES

Student Support Services TRIO

SSS TRIO is a federally funded program

Napa Valley College

Application Year: 2022 – 2023



Referral by: _____

Student Information:

Legal Name: (As it appears on Social Security Card or Permanent Resident ID)

First Name Middle Initial Last Name

Street Address: City: Zip:

Contact Information:

Home Phone: Cell Phone:

Personal Email Address:

(Personal email address NOT your NVC student email)

Gender: Female Male

Date of Birth:

Eligibility Information:

Citizenship Status: U.S. Citizen Permanent Resident*

* Non-U.S. Citizen Permanent Resident Status-attach copy of resident card to SSS TRIO Application.

Unfortunately, AB540 students and Dream Act students are not eligible for program services due to federal requirements of the SSS TRIO grant.

Has either of your parent(s) or guardian(s) earned a Bachelor's Degree from a 4-year institution? Yes No

Are you a previous SSS TRIO Student? No Yes If yes, what year did you enter program?

NVC Student ID#:

Ethnicity (Check all that apply):

American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander African American Hispanic or Latino White More than one ethnic group Other:

Language(s) spoken in the home:

English Spanish Tagalog Other:

Financial Information: Please select one option below.

DEPENDENT – claimed by parent(s) or guardian(s)

- Under the age of 24

Number of persons in your parents/guardians household (include self):

YES, my parents/guardians filed a federal income tax return last year.

Provide their last year's TAXABLE INCOME: \$

NO, my parents/guardians DID NOT FILE a federal income tax return for last year.

Provide their last year's TOTAL INCOME \$

INDEPENDENT – one or more items below apply to you

- Born before January 1, 1999 Married Legal dependents (ie. Children) Veteran (US Armed Forces) Orphan or a ward/dependent of the court (until age 18)

Number of persons in your household (include self):

YES, I did file a federal income tax return last year.

Provide your last year's TAXABLE INCOME: \$

NO, I DID NOT FILE a federal income tax return for last year.

Provide your last year's TOTAL INCOME \$

OR provide your (Independent Student) or your parents (Dependent student) SIGNED Federal

Tax Form (form 1040, 1040A, 1040EZ; page 1 and page 2, if applicable) to SSS TRIO Office. On the tax form, sign in the "Sign Here" signature box next to the job occupation.

Financial Aid/FAFSA:

Have you applied for FAFSA for Financial Aid? Yes No

Public Assistance:

Do you or your family receive any public assistance? No Yes, indicate type below (provide copy)

Food Stamps Aid to Families and Dependent Child(s) Temporary Assistance Needy Families (TANF) Social Security Benefits Disability Benefits Other:

Foster Youth / Homeless / Veterans:

Are you a Foster Care Youth? No Yes

If yes, are you receiving services through Chafee Program? No Yes

Are you a veteran? No Yes

Are you currently homeless? (public or private place not designed for living accommodations) No Yes

Are you or have you participated in any of the following (check all that apply):

EOPS MESA CalWorks CARE UMOJA Puente Veteran Services Talent Search Upward Bound Other

<p>Disability / Accommodations:</p> <p>Do you have a disability? No Yes Unsure</p> <p>If yes, disability type: Physical Learning Medical</p> <p>Did you have an I.E.P or 504 plan in K-12? No Yes Unsure</p> <p>If you have a Learning Disability, do you have accommodations? Yes No In progress</p> <p>Services you are receiving: DSPS Learning Services Not applied yet</p>	<p>Academic Information:</p> <p>Are you a high school graduate? No Yes</p> <p>If Yes, List High School Name: _____</p> <p>If you are not H.S. Graduate, did you complete a GED? No Yes, list month & year completed: _____</p> <p>If you are a recent high school graduate, do you plan on taking a Summer Course? No* Yes Maybe* (*Explore the benefits of taking a summer course)</p>
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Academic History:
List **ALL** colleges, universities, trade or technical schools attended since high school, **INCLUDING** Napa Valley College:

<i>College / University Attended</i>	<i>Dates of Attendance</i>
1.	3.
2.	4.

<p>English Placement Test:</p> <p>I have completed the English Placement Test I have NOT completed the English Placement Test Used scores from the following Institution: _____</p>	<p>Math Placement Test:</p> <p>I have completed the Math Placement Test I have NOT completed the Math Placement Test Other: _____</p>
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<p>Degrees/Certificates Earned:</p> <p>Do you have a previous degree from another institution? No Yes, please list: _____</p> <p>Have you received or applied for a degree and/or certificate from Napa Valley College? No Yes</p>	<p>Transfer Information:</p> <p>Which 4-year school system are you interested in applying to for transfer. (check all that apply)</p> <p>California State University (CSU) University of California (UC) Private College Out of State Historically Black Colleges and Universities</p>
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<p>Major(s) / Interest:</p> <p>List the major(s) you are interested in or have decided: 1. _____ 2. _____</p>	<p>Transfer Institutions:</p> <p>List the 4-year school(s) you are interested in transferring to: 1. _____ 2. _____</p>
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Privacy Act: In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are notified that the Department of Education is authorized to collect information to implement the Student Support Services Program under the Title IV of the Higher Education Act of 1965, as amended (Pub. Law 102-325, Sec. 402D). In accordance with this authority, the Department receives and maintains personal information on participants in the Student Support Services program. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. The information that is collected on this form will be retained in the program files and may be released to other Department officials in the performance of their official duties.

Disclaimer and Certification:

Please initial on the lines below certifying that you have read and agree to each statement.

____ RELEASE OF ACADEMIC RECORDS: I authorize Student Support Services TRIO Program staff to obtain academic records or data pertinent to my participation from other departments, and programs including financial aid information prior to my participation and throughout my involvement in SSS TRIO.

____ MANDATORY MEETINGS/EVENTS: I understand that if I enroll in any phase of the SSS TRIO program; I am REQUIRED to schedule and attend 3 appointments with my advisor and participate in activities (Counseling 97, group sessions, tutoring, college tours, etc.) designed to achieve my academic goal and to promote personal growth.

____ SSS CONTRACT: If I do not follow through with my "Mutual Agreement Contract", I will be terminated from the SSS TRIO Program and will not be able to re-enter the program.

____ PHOTO/VIDEO RELEASE: I hereby grant permission to the Napa Valley College SSS TRIO Program to use my image, video and/or audio recordings of me for publications and media releases. I do understand that this use is without compensation. The SSS TRIO Program and the Napa Valley Community College District will not be held liable for any unintentional use. If I prefer not be photographed or recorded it is the student's responsibility to notify and remove themselves at the time of the pictures/recordings.

____ CERTIFICATION OF INFORMATION PROVIDED: In accordance with all Title IV Federally Funded programs, the Department of Education requires verification of income and residency status stated on this application. Information may be verified and documentation of income and residency status may be requested in order to comply with the Federal guidelines of the SSS TRIO Program, as well as future applications for college financial aid

By signing on the signature lines below, we certify that each response within this application is true and complete to the best of our knowledge. It also indicates that we acknowledge and give consent to the requests of the SSS TRIO Program.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

*Parent Signature Required If: 1) You are a **dependent student** and parent/guardian income information is indicated on this application or 2) Student is a minor (under 18 years of age).