

Name \_\_\_\_\_ L \_\_\_\_  
Date Admitted \_\_\_\_\_ F \_\_\_\_  
Advisor \_\_\_\_\_ D \_\_\_\_  
FOR OFFICE USE ONLY

## CARLETON COLLEGE TRIO/STUDENT SUPPORT SERVICES

# STUDENT SUPPORT SERVICES

TRIO/Student Support Services is a college retention program. TRIO helps low income, first generation college students (neither parent has a bachelor's degree), and students with a documented disability successfully pursue a college education.

TRIO/SSS currently serves 100 Carleton College students.

TRIO/SSS helps students focus on academic and personal development.

Carleton TRIO/SSS students are admitted during their freshman year.

TRIO is funded by the United States Department of Education.

In keeping with federal regulations, all persons have equal access to TRIO programs without regard to race, creed, color, gender, sexual preference, age, national origin, or disability.

## STUDENT APPLICATION

**SELECTION PROCESS:** In the selection process for the limited number of spaces in the TRIO/Student Support Services Program, priority will be given to:

- Students who are **both** low income and first generation college students;
- Students who have a documented disability;
- Alumni of other TRIO programs: Upward Bound, Talent Search, SSS, Educational Opportunity Center;
- Students with indicators that reflect they need and would benefit from participation in the program; and
- Students motivated and committed to making full use of TRIO/SSS services to remain in college and graduate with a bachelor's degree.

### TRIO/SSS Application Checklist:

1. Complete this application.
2. If applying under the disability eligibility, attach or have documentation of the disability sent to TRIO/SSS. A letter from disability services at Carleton College that confirms a documented disability and indicates appropriate or recommended academic accommodations will suffice as documentation.

### TRIO/Student Support Services Program Carleton College

#### Mailing and Office Address:

TRIO/Student Support Services  
Carleton College  
216 College Street  
One North College Street  
Northfield, MN 55057

#### Telephone Number:

(507) 222-4555

Fax Number:

(507) 222-7041

**Webpage:** [webapps.acs.carleton.edu/campus/trio](http://webapps.acs.carleton.edu/campus/trio)

Please fill out this application completely. Feel free to contact the TRIO/SSS office (507) 222-4555 or 888-474-4939, [rturner@carleton.edu](mailto:rturner@carleton.edu) if you have questions.



**PARENTS' EDUCATIONAL BACKGROUND:** Two-thirds of all TRIO/SSS participants must come from families in which no parent that the student lives with has completed a four year college degree.

Parental status of student's home when student was attending high school;

- \_\_\_ Two parents
- \_\_\_ Single parent
  - \_\_\_ Live with mother
  - \_\_\_ Live with father
- \_\_\_ Guardian (relationship to guardian: sibling, relative, caseworker, etc.) \_\_\_\_\_
- \_\_\_ Foster home
- \_\_\_ Group home

*Complete only for parent or guardian with whom the student applicant lives/lived.*

Mother's Education (Circle last year attended.)

Secondary School: less than 8<sup>th</sup> grade 8 9 10 11 12 Graduated? \_\_\_Yes \_\_\_No \_\_\_Other

College: 1 2 3 4 5 6 7 8      Associate's Degree (2 years): \_\_\_Yes \_\_\_No  
Bachelor's Degree (4 years): \_\_\_Yes \_\_\_No  
Other: specify \_\_\_\_\_

Father's Education (Circle last year attended.)

Secondary School: less than 8<sup>th</sup> grade 8 9 10 11 12 Graduated? \_\_\_Yes \_\_\_No \_\_\_Other

College: 1 2 3 4 5 6 7 8      Associate's Degree (2 years): \_\_\_Yes \_\_\_No  
Bachelor's Degree (4 years): \_\_\_Yes \_\_\_No  
Other: specify \_\_\_\_\_

I verify that the information relating to parents' education is true and accurate.

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

For future follow-up contacts, please list relatives' or friends' addresses who will likely know your whereabouts 5 to 10 years from now.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Are you financially independent? \_\_\_\_No (Answer A) \_\_\_\_Yes (Answer B-D)

***For Dependent Students***

A. Please indicate how many people are part of your household, providing names.

\_\_\_\_\_ Student Applicant  
 \_\_\_\_\_ Mother  
 \_\_\_\_\_ Father  
 \_\_\_\_\_ Brothers and sisters (You may count them if they are in college, and  
 your parents support them even if they do not live at home.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Other: specify \_\_\_\_\_

***For Independent Students***

B. Check all that apply:

\_\_\_\_\_ Armed forces veteran  
 \_\_\_\_\_ Over 24 years of age  
 \_\_\_\_\_ Married  
 \_\_\_\_\_ Have dependent children  
 \_\_\_\_\_ Both parents deceased  
 \_\_\_\_\_ Ward of the state  
 \_\_\_\_\_ Have been provided dependency override by Student Financial Services

C. How many people are in your family? Include yourself and your dependents.

\_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 \_\_\_\_\_5 \_\_\_\_\_6 or more

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\_\_\_\_\_ **Eligible Low Income**  
 \_\_\_\_\_ **Eligible First Generation College Student**  
 \_\_\_\_\_ **Eligible Student with Disability**

**Need for program participation:** \_\_\_\_\_

\_\_\_\_\_  
**Project Director's Signature**

\_\_\_\_\_  
**Date**

***The following information is requested on a voluntary basis:***

1. Ethnic Background/Identity: Mark one, please.

- African (specify) \_\_\_\_\_
- African American/Black \_\_\_\_\_
- American Indian or Alaskan Native (Tribe) \_\_\_\_\_
- Asian American (Please specify) \_\_\_\_\_
- Chicano (Mexican American) \_\_\_\_\_
- Other Hispanic origin (Please specify) \_\_\_\_\_
- White/Caucasian \_\_\_\_\_
- Multi-racial: \_\_\_\_\_
- Other \_\_\_\_\_

2. Languages spoken in your home:  No English spoken in home  
 English only  
 English and other (please specify) \_\_\_\_\_

***Student Disabilities (The following information is requested on a voluntary basis)***

Do you have a diagnosed physical, mental or learning impairment that substantially limits your ability to participate in the educational experiences and opportunities offered by the college?  Yes  No

**Note:** If applying for participation in the TRIO/SSS program under the disability eligibility, attach or have sent documentation of the disability. A letter from disability services at Carleton College that confirms a documented disability and indicates appropriate or recommended academic accommodations will suffice as documentation.

If you would like to provide additional information you may do so in the following space provided:

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**TRIO/STUDENT SUPPORT SERVICES  
CONSENT FORM FOR RELEASE OF INFORMATION ABOUT STUDENT**

Family and student information at TRIO is kept confidential and will not be released without permission or in keeping with laws and regulations.

TRIO would like your permission to release family and student information for the following reasons:

1. TRIO must report eligibility and student progress information to the U.S. Department of Education to demonstrate program effectiveness on an annual basis.
2. TRIO staff tracks students' progress by viewing student records, and discussions with faculty and staff, and other relevant individuals.
3. Scholarship agencies, leadership, employment and educational programs contact TRIO to offer opportunities to TRIO students. TRIO can release student information (addresses, grades, ethnic background, economic status, etc.) to these organizations.
4. Some graduate schools and transfer college admission and financial aid offices will waive application fees for students from certain economic backgrounds. They will discuss admission and financial aid opportunities with TRIO staff if we have permission to release student information.

I give TRIO/Student Support Services permission to release information on my behalf for reasons listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date

\_\_\_\_\_  
Student signature for permission to release information

