CARLETON COLLEGE  
TRIO/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: Telephone Number:
TRIO/Student Support Services Carleton College
Carleton College (507) 222-4555
216 College Street
One North College Street Fax Number:
Northfield, MN 55057 (507) 222-7041

Webpage: 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 if you have questions.
Carleton ID# ___________________  Application Date: _______________

Name: __________________________________________________________________
                                                First       Middle       Last

College Residence Address: _____________________  Carleton Email Address: _______

Permanent Address: _______________________________________________________
                                     Number & Street   City/State   Zip Code

Local Phone Number ________________  Permanent Phone Number ______________

Birth Date _____/_____/_______  Gender: ____________________________

Social Security # ____/____/______  U.S. Citizen: Yes __ No __ Other: _______

If Permanent Resident, give your registration #: ______________________________

CONFIDENTIALITY OF INFORMATION

Financial and all other information you provide to the TRIO/SSS program is accessible to
the U.S. Department of Education. The information is protected by the Privacy Act. The
information is necessary to document and determine if you are eligible to participate in
the program, and helps to measure success. The Department of Education has access to
this information for accountability and TRIO program improvement purposes.

1. Why are you interested in TRIO/Student Support Services?

____ Tutoring, writing assistance, study skills, etc (please specify) ______________
____ Social, cultural, or other environmental challenges
____ Academic, career, financial aid and college adjustment advising
____ Identity and personal development
____ Other (please describe) ______________

2. Give a brief statement explaining what you hope to gain from participation in TRIO
and how you will contribute to the mission of the program if selected to be a participant.
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 8th 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 8th 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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For Office Use Only

- 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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