



**CARL
SANDBURG
COLLEGE**

**TRIO Student Support Services
APPLICATION**

Student ID: _____

Return this application to:
Carl Sandburg College
Attn: TRIO SSS
2400 Tom L. Wilson Blvd
Galesburg, IL 61401

PERSONAL INFORMATION

Name _____ Birth date ____/____/____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Alt. Phone: _____ Start at Sandburg: Fall Spring Summer Year _____

Are you planning on transferring to a 4-year school? Yes No
Have you filed the FAFSA? Yes No
Have you taken the placement test? Yes No

DEPENDENCY STATUS

Are you over the age of 24? Yes No
Are you married? Yes No
Do you have any children of your own? Yes No
Have you ever actively served in the military? Yes No

If you answered **NO** to all 4 questions, then you are a considered a dependent student. If you answered **YES** to at least one question, then you are considered an independent student.

ELIGIBILITY

Are you a U.S. citizen or permanent resident? Yes No
Do you have a documented physical or learning disability? Yes No

What is the highest level of education achieved by your parent(s)? If your parents are divorced, reply only in regards to the parent who had primary custody:

High School/GED 2 Year College Degree Bachelor's Degree or beyond Not applicable

Mother
Father

INCOME

Add up the total number of people living in your household, including yourself. If you are a dependent student, include everyone that lives in your primary parent's household including yourself (**even if you do not live at home**):

Select the total number of people living in your household including yourself:

Please check the range that includes your household **taxable income** for the previous year. Taxable income is reported on the following lines of your tax form: 1040 (line 43); 1040A (line 27); 1040EZ (Line 6)

\$0 --\$17,820	\$30,241 -- \$36,450	\$48,871 -- \$55,095	I/my family did not have taxable income last year.
\$17,821 -- \$24,030	\$36,451 -- \$42,660	\$55,096 -- \$61,335	
\$24,031 -- \$30,240	\$42,661 -- \$48,870	\$61,336 and over	

DEMOGRAPHICS

Gender Female Male Are you Hispanic or Latino? Yes No Race: Choose all that apply:
American Indian or Alaskan Native
Asian
Black or African American
White
Native Hawaiian or Pacific Islander

EDUCATION

Do you have a high school diploma or a GED Date received: _____ Institution: _____

If I am accepted into the TRIO SSS program, I would like assistance with (check all that apply):

- Choosing my classes
- Choosing a major
- Choosing/applying to my transfer school
- Applying for/understanding financial aid & scholarships
- Understanding budgeting & financial planning
- Successfully completing my classes
- Improving my study skills

In what field would you like to work after graduation? _____

How did you hear about the TRIO SSS program? _____

Will you be an athlete for Sandburg? Yes No If yes, which sport? _____

Are you a current Upward Bound student? Yes No

Are you a current Gale Scholar? Yes No

I authorize the Sandburg TRIO SSS program to obtain, copy, review and discuss records including: high school transcripts, course registration for each semester, enrollment verification, and transcripts from Carl Sandburg College and other colleges, academic progress reports, financial aid records, and standardized test scores. I understand the College reserves the right to admit or deny any student enrollment in the TRIO SSS program. Completion of the application does not guarantee acceptance into the program. The number of spaces available in TRIO SSS is limited. Students will be accepted on a first-come, first-served basis *within eligible categories*. I also certify that all of the above information is true and complete to my knowledge.

The College, an equal opportunity/affirmative action employer and educator, complies with applicable federal and state laws prohibiting discrimination, including Title VI, Title IX, Section 504, Age Discrimination Act, and Title II of the ADA. It is the policy of the College that no person, on the basis of race, color, religion, gender (sex), sexual orientation, national origin, age, disability, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admissions. Title IX Coordinator Rick Eddy, 309.341.5234; ADA/Section 504 Coordinators: Rodney Blue, 309.341.5250; Jacob Runge, 309.341.5262.

Student Signature

Date

FOR OFFICE USE ONLY

Contact date: _____	Left message	Appointment scheduled
Contact date: _____	Left message	Appointment scheduled
Contact date: _____	Left message	Appointment scheduled

Intake appointment date: _____ Time: _____
 Student was a no call/no show Student called to reschedule Other: _____

Rescheduled appointment (if needed): _____ Time: _____
 Student was a no call/no show Student called to reschedule Other: _____

Placement Test Date: _____ (must be completed before 1st intake)

Reading - _____
Writing - _____
Pre-Algebra - _____
Algebra - _____
CAlgebra - _____

ACT Scores
Reading - _____ (20)
English/Writing - _____ (20)
Math - _____ (25)

Registered	Y	N
Athlete	Y	N
Credits completed:	_____	
Current GPA:	_____	
Completion rate:	_____	

Print
Eval
SFAV
HS transcript
CSC transcript