



Office Use Only.  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Advisor: \_\_\_\_\_

# TRIO Student Support Services (TRIO-SSS) Application

Please print clearly using black or blue ink.

[nicc.edu/trio](http://nicc.edu/trio)



STUDENT SUPPORT SERVICES

### Return completed application:

**Email:** trio@nicc.edu

**In Person:**  
Peosta: Main, 234 (Mon.-Fri., 8 am - 4 pm)  
Dubuque Center: *By Appointment*

**Mail:**  
Northeast Iowa Community College  
Attn: TRIO-SSS  
8342 NICC Drive  
Peosta, IA 52068

## Personal Data

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: (mm/dd/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a U.S. Citizen?  Yes  No NICC Campus: \_\_\_\_\_

Gender:  Male  Female  Other/Do not want to disclose: \_\_\_\_\_ Pronouns: \_\_\_\_\_

How may we contact you?  Text  Email  Phone Call

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Race (please select all that apply)

American Indian/Alaskan Native  Asian  Black/African-American  Native Hawaiian/Pacific Islander  White  
 Other: \_\_\_\_\_

## Ethnicity

Do you identify as Hispanic?  Yes  No

**If Yes:** Please also identify which race area you most identify with. \_\_\_\_\_

## Marital/Family Status

Single  Married  Divorced  Separated  Widowed

Number of Children: \_\_\_\_\_

## Enrollment Information

Enrollment Status at the College:  Full-Time (12+ Credits)  Part-Time (11 or less credits) GPA: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Do you already have a degree?:  Yes  No If yes, what degree: \_\_\_\_\_

Have you ever served or are currently serving in the United States Military?  Yes  No  Do not want to disclose

How do you feel about your current courses? \_\_\_\_\_

## TRIO-SSS QUALIFICATIONS

### First-Generation Verification

The term "first-generation college student" refers to an individual whose parent(s) or guardian(s) did not complete a bachelor's or four-year college degree.

Under the above definition, I am a first-generation college student.  Yes  No

### Financial Aid Status and Income Verification

Have you completed the most recent Free Application for Federal Student Aid (FAFSA)?  Yes  No

*If Yes:* Do you qualify for a Pell Grant?  Yes  No  Unsure

### Disabilities Verification

Do you have a documented disability which requires accommodations for you to succeed academically?  Yes  No

*If Yes:* Do you have appropriate documentation on file with the College's accessibility services office?  Yes  No  Do not want to disclose

### Release of Information

I understand that submission of this application does not constitute acceptance into the TRIO-SSS program. I also understand that if I am accepted, I will be assigned to a TRIO-SSS advisor, I will have use of the common area in the TRIO-SSS office, and may receive tutoring, help with study skills, academic/personal advising, peer support and support workshops. I am aware that I am required to meet with a TRIO-SSS advisor each semester to ensure that my file is current and determine the nature of services I will need.

I hereby give permission for TRIO-SSS staff to disclose/receive information concerning the nature of my eligibility and my academic progress on an as-needed basis with appropriate faculty and staff at Northeast Iowa Community College. I also give TRIO-SSS staff permission to use photographs of me for promotional purposes, to view and receive any and all financial aid information, as well as receive information from past, current and transfer institutions. My signature signifies that I have read and understand this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

### Affidavit of Truth Statement

I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## Referral and Goal Setting Information

How were you referred to TRIO-SSS?  TRIO-SSS Participant  NICC Faculty/Staff  Website  Other: \_\_\_\_\_

Name of TRIO-SSS Participant or NICC Faculty/Staff who referred you: \_\_\_\_\_

Do you plan to transfer to a four-year college or university?  Yes  No  Unsure

How do you envision your future (career goals, amount of education, etc.)?

What will be your greatest challenge in achieving your educational/career goals?

## Needs Assessment

Utilizing the following scale below, indicate the response that best reflects you.

**1** Very Low    **2** Low    **3** Satisfactory    **4** High    **5** Very High

_____ Grades	_____ Perseverance	_____ Sense of Financial Security
_____ Motivation	_____ Intellectual Interest	_____ Family Emotional Support
_____ Self-Discipline	_____ English Proficiency	_____ Academic Preparedness
_____ Confidence	_____ Study Habits	_____ Understanding of Academic Expectations
_____ Comfort in Social Settings	_____ Punctuality	_____ Overall Health ( <i>brain health, physical health, etc</i> )
_____ Adapting to Change	_____ Attitude toward College	

Check any of the following areas that you need to improve:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Computer Skills  | <input type="checkbox"/> Note Taking     | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Concentration    | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Reading Skills  |
| <input type="checkbox"/> Listening Skills | <input type="checkbox"/> Study Skills    | <input type="checkbox"/> Wellness        |
| <input type="checkbox"/> Math Skills      | <input type="checkbox"/> Test Taking     | <input type="checkbox"/> Writing Skills  |

Check the services, offered by the NICC TRIO-SSS program, that you would use:

- |   |  |
|---|--|
| <input type="checkbox"/> Tutoring                           | <input type="checkbox"/> Stress/Anxiety Management                           |
| <input type="checkbox"/> Academic Advising                  | <input type="checkbox"/> Information about Campus Resources                  |
| <input type="checkbox"/> Career/Major Guidance              | <input type="checkbox"/> Transfer Advising                                   |
| <input type="checkbox"/> Goal Setting                       | <input type="checkbox"/> Understanding Degree Requirements/Academic Planning |
| <input type="checkbox"/> Financial Aid/Scholarship Advising | <input type="checkbox"/> Professional Networking                             |
| <input type="checkbox"/> Exposure to Cultural Activities    | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Budgeting/Money Management         |  |

## Employment

Do you work (on or off campus) during the school year?  Yes  No

**If Yes:** Where do you work? \_\_\_\_\_ How many hours do you work each week? \_\_\_\_\_

# OFFICE USE ONLY.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Entry GPA: \_\_\_\_\_ First Term: \_\_\_\_\_ Earned Credits: \_\_\_\_\_ Transfer Credits: \_\_\_\_\_ Attempted Credits: \_\_\_\_\_

Loan Debt: \_\_\_\_\_ Pell Grant: \_\_\_\_\_

## Academic Need

Please check one:

- |  |  |
|--|--|
| <input type="checkbox"/> Low High School Grades    | <input type="checkbox"/> Out of Academic Pipeline Five or More Years     |
| <input type="checkbox"/> Low Admission Test Scores | <input type="checkbox"/> Limited English Proficiency                     |
| <input type="checkbox"/> Predictive Indicator      | <input type="checkbox"/> Lack of Educational and/or Career Goals         |
| <input type="checkbox"/> Academic Proficient Test  | <input type="checkbox"/> Lack of Academic Preparedness for College Level |
| <input type="checkbox"/> Low College Grades        | <input type="checkbox"/> Need for Academic Support to Raise Grades       |
| <input type="checkbox"/> High School Equivalency   | <input type="checkbox"/> Other: _____                                    |
| <input type="checkbox"/> Failing Grades            |  |

## Income Eligibility

\$ _____ Student	Family of _____	<input type="checkbox"/> Independent	<input type="checkbox"/> FG	<input type="checkbox"/> Accepted	Follow-Up:
\$ _____ Parent		<input type="checkbox"/> Dependent	<input type="checkbox"/> LI	<input type="checkbox"/> Waiting List	<input type="checkbox"/> LI
\$ _____ Total		<input type="checkbox"/> FG/LI	<input type="checkbox"/> D (verified)	<input type="checkbox"/> Denied	<input type="checkbox"/> D
\$ _____ USED Limit					

Financial Information Verified:  Colleague  Tax Forms  Letter  Etrieve Content

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

## Testing

<b>ALEKS®</b> _____	<b>ACCUPLACER®</b> Writing: _____ Reading: _____ Arithmetic: _____	<b>ACT®</b> Science: _____ English: _____ Reading: _____ Composite: _____ Math: _____
------------------------	---	--

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Northeast Iowa Community College Student Support Services Program is a federally funded U.S. Department of Education TRIO Program. It is the policy of Northeast Iowa Community College not to discriminate on the basis of age (employment), race, creed, color, sex, sexual orientation, gender identity, national origin, religion, actual or potential parental, family or marital status (programs), or disability as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). If you have questions, concerns or to read the full policy [www.nicc.edu/nondiscrimination](http://www.nicc.edu/nondiscrimination). Northeast Iowa Community College is accredited by the Higher Learning Commission (HLC).