



**NORTHEAST IOWA
COMMUNITY COLLEGE**

Office Use Only.

Date: _____

Time: _____

Advisor: _____

TRIO Student Support Services (TRIO-SSS) Application

Please print clearly using black or blue ink.

▶ nicc.edu/scholarships



Return completed application:

Email: trio@nicc.edu

In Person:

Peosta: Main, 234 (Mon.-Fri., 8 am - 4 pm)
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

Biological Sex: ☐ Male ☐ Female ☐ Gender (Optional): _____

How may we contact you? ☐ Text ☐ Email ☐ Phone Call NICC Campus (Please Circle): Peosta Calmar Dubuque

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 you 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 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 Number: _____

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

ALEKS® _____	ACCUPLACER® Writing: _____ Reading: _____ Arithmetic: _____	ACT® Science: _____ Reading: _____ Math: _____	English: _____ Composite: _____
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OTHER:

Preferred Pronouns: _____

Notes: _____

Northeast Iowa Community College is accredited by the Higher Learning Commission (HLC). It is the policy of Northeast Iowa Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental, or marital status. If you have questions or complaints related to compliance with this policy, please contact Executive Director for Risk Management and Title IX, ADA/504, 8342 NICC Dr., Peosta, IA 52068, 844.844.642.2338, mcmahonke@nicc.edu. All information is accurate at time of publication and is subject to change without notice.