



Name:	Social Security #	Taft College ID#	
Last Name First Name Middle Initial	Phone #:	Cell/Other Phone #:	
Mailing Address:		COM COME I HOME #.	
Street Apt #	E-mail Address:	E-mail Address:	
City State Zip	Date of Birth	Gender: Female Male	
Heard about TRIO/SSS: referred by: brochure workshop other:	Educational Programs I have participated in: (Check all those that apply and write the years of participation.) CalWORKs Project Gold TRIO/SSS EOPs Currently applying for EOP&s		
Please check those that apply to you: Neither of my parents have graduated from a four-year university. I am a registered disabled student.			
English is my second language. Citizenship status: (documentation required)	High School attended: G.E.D.(date)		
US Citizen Permanent Resident Ethnic Identity:	College(s) previously attende		
Select the ethnicity that describes you most. Native American/Alaskan Native Asian Black (non-Hispanic) Hispanic White (non-Hispanic) Other	All transcripts on file at Taft College? Yes No If no, have they been requested? Yes No		
Employment Status: How many hours per week do you work?	Degrees/Certificates received: BA/BS AA Voc Cert. Other:		
☐ none ☐ 1-19 ☐ 20-39 ☐ 40+ Financial Aid: FAFSA submitted? ☐ Yes, date submitted ☐ No	Currently Enrolled at Taft College? Yes No If yes, current # of units this semester:		
Financial Aid received at Taft College: (Check all that apply.) none BOGW PELL Cal Grant Work Study VA Benefits Scholarships	Date (mo/yr) first enrolled at Taft College: Current Class Level: First-time Freshman (1 st year in college) Freshman (less than 30 college units completed)		
Financial Information:	Sophomore (more than 30		
■ DEPENDENT - claimed by parent(s) or other person(s) • under age 24 If you are dependent, how many people does your parent(s) (or other person(s) who claim you) claim for tax purposes? — (include parents and all dependents)	Target final semester at Taft College: (If unsure, approximate.) Fall-Spring-Summer of (circle term) Target transfer semester to college/university: (If unsure, approximate.) Fall-Spring-Summer of		
 INDEPENDENT under the age of 24 and married under the age of 24 and a veteran or active military duty under the age of 24 and have children who receive more than half of their support from you. under age 24 and an orphan or a ward/dependent of the court (until age 18) 	(circle term) Four-year Colleges/Universities: I plan to attend or I am considering attending. Major/career interest(s): I plan to pursue or am considering.		
If you are independent, how many people do you claim for tax purposes? (Include yourself, spouse & dependents)	Target degree(s): Associate's Bachelor's Master's Doctorate Professional		





SUPPLEMENT TO TRIO STUDENT SUPPORT SERVICES APPLICATION

Answers to the following questions will help us determine your motivation and preparation to succeed in college. Please answer as precisely as possible. 1. What are your academic and/or career goals? (Major, transfer school, etc.)_____ 2. Briefly discuss your need for support services offered through TRIO/SSS. Which services do you believe will benefit you the most and will help you meet your academic goals? 3. When you have an academic question or problem, which resources are you most inclined to access? How do you get your questions answered? (counselor, teacher, parents, peers, internet, etc.)? 4. Please describe your work and/or volunteer/extracurricular experience. By signing, I agree under penalty of perjury, that the above information is true and correct and that all supplemental materials submitted verifying my eligibility for the program is accurate. Signature: Date: For Office Use Only ☐ LI & FG ☐ FG ☐ DSPS & LI □ DSPS

Director/Educational Planner signature:_____