



STUDENT SUPPORT SERVICES



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				
<input type="checkbox"/> LI & FG	<input type="checkbox"/> LI	<input type="checkbox"/> FG	<input type="checkbox"/> DSPTS & LI	<input type="checkbox"/> DSPTS
Director/Educational Planner signature: _____			Date: _____	