





Last	Name	First	M. I.	Student ID	Major	
Best way to contact you?		Date of Birth:	(mm/dd/yyyy	<i>(</i>)		
Cell # /Local Phone Number			Local Street Addr	eet Address Apt/Box		
F-Ma	il Address	@my.scto	c.edu	City	State	Zip
_ IVIG	ii Addiess			Oity	Otato	Z.ip
Were	you a former TRIO	Participant? Ye	es No	Are you a U.S. Cit	izen? Ye	s No
If yes	, what program?			If no, immigration	status:	
Gend	ler: Male Fem	nale				
Ethni	city/Race: Check <u>al</u>	<u>l</u> that apply:	Black or Af	ndian or Alaskan Native frican American vaiian or Other Pacific Is	lander	_Asian _Hispanic or Latino _White
First	Enrollment Date at	St. Cloud Techn	ical & Commun	ity College (e.g. Aug. 20)22):	_(mm/yyyy)
**STU	JDENTS: PLEASE E	BE SURE TO FIL	L OUT THE INFO	ORMATION IN THE BOX	(**	
			cial aid, grants o		Yes	No
	Are you receiving		olar ala, granto o	· roano:	Yes	No
	•	-	ate with a 4-year	college degree?	Yes	
	•		•	cal or learning disability?		
3.	I give permission information to Student Support documentation. The Student Support St. Cloud Technical I give Student Support Support St. Student Student St. Student St. Student St. St. Student St. Student St. St. St. St. St. St. St. St. St. St	to the St. Cloud dent Support So the St. Cloud to the St. Cloud to release info ort Services Proal & Community	Technical & Co ervices Program Technical & Co rmation to Stud ogram office ma College.	mmunity College Finar of concerning my finance mmunity College Accest ent Support Services P y access my academic sion to use my name an ot limited to, the SSS N	ncial Aid Office to ial aid application ssibility Services rogram concerni records maintain	n. Center and ng my ned by oud Technical &
5.	As a participant in meeting with staff			Program, I will actively luation.	utilize the suppo	rt services by
Stud	lent's Signature			Today's Date (mm/	/dd/yyyy)	

2020-2025 Student Support Services Participant Application



STAFF USE ONLY



Student Accepted: Date (mm/dd/yyyy)	Student Declined: Date (mm/dd/yyyy)			
iligibility (Check all that apply):	e/First Generation e/ Disabilities	Participant Status: Waiting list Waiting to meet w/advisor		
Director Signature:		Date (mm/dd/yyyy)		
Student Contacts:				
First Notified by: Talked to S	tudent Left a voicen	nail Emailed Date: _		
Pate: Talked to Student Le	ft a voicemail Emaile	ed Student Worker:		
Date: Talked to Student Le	ft a voicemail 🔲 Emaile	ed Student Worker:		
Date: Talked to Student Le	ft a voicemail 🔲 Emaile	ed Student Worker:		
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Date: Talked to Student Le	ft a voicemail 🔲 Emaile	ed Student Worker:		
Other Notes:				