

Top Section For
Staff Use Only

Date Application Received

Initial

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NAVARRO COLLEGE

TRIO

STUDENT
SUPPORT
SERVICES

Program Application

Student Name _____

Date _____

Student ID # _____

SERVICES PROVIDED

TRIO Student Support Services participants can expect the following **FREE** support services:

- Personal and academic advising, including registration,
- Financial aid information and FAFSA assistance,
- One-on-one or group tutoring,
- Four – year college/university transfer advising and course selection,
- Calculators, textbook, and headphone use,
- Scholarship resource information,
- Grant Aid to active participants who meet eligibility requirements,
- Dedicated study area with computer lab and internet access,
- Life skills, academic, and cultural workshops, seminars, and activities,
- Academic printing, and more.

ELIGIBILITY

To be eligible for Student Support Services (SSS), an applicant must be a Navarro College student, citizen or permanent resident of the United States (or eligible to receive FEDERAL student financial assistance), have an academic need, and meet **one** or more of the following criteria:

- Be income eligible with a taxable income at or below federal guidelines,
- Be a first generation college student (neither natural/adoptive parent has earned a 4-year, Bachelor's college degree); and/or
- Have a documented learning or physical disability as defined by the Americans With Disabilities Act (ADA).

TO APPLY

Applications should be completed and returned to:
TRIO Center, 2nd Floor, Gooch One-Stop Student Center
3200 W. 7th Avenue, Corsicana, TX 75110
trio@navarrocollege.edu
Phone (903) 875-7714

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/@NCTRIO

*Navarro College TRIO Student Support Services is a federal TRIO program,
funded through a grant from the U.S. Department of Education.*

TRIO Needs Assessment Survey

Student's Name	Today's Date
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Please check all areas that you would like to improve on.

<input type="checkbox"/> General study habits information	<input type="checkbox"/> Math skills	<input type="checkbox"/> Four-year university transfer
<input type="checkbox"/> Note taking skills	<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Making career decisions
<input type="checkbox"/> Time management skills	<input type="checkbox"/> Test taking skills	<input type="checkbox"/> College course planning
<input type="checkbox"/> Reading speed	<input type="checkbox"/> Enhancing memory	<input type="checkbox"/> Reducing math anxiety
<input type="checkbox"/> Reading comprehension	<input type="checkbox"/> GPA	<input type="checkbox"/> Spelling
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

Please check any of the following items which describe you.

<input type="checkbox"/> Out of school too long	<input type="checkbox"/> Panic during test(s)	<input type="checkbox"/> Difficulty managing money
<input type="checkbox"/> Afraid of failing in college	<input type="checkbox"/> Few computer skills	<input type="checkbox"/> Difficulty meeting deadlines
<input type="checkbox"/> Difficulty finding child care	<input type="checkbox"/> Unsure of college procedures	<input type="checkbox"/> May need personal counseling
<input type="checkbox"/> Afraid I may not fit in at NC	<input type="checkbox"/> Difficulty participating in discussions	<input type="checkbox"/> My family does not understand college demands
<input type="checkbox"/> Difficulty meeting new people	<input type="checkbox"/> Little or no experience on the internet	<input type="checkbox"/> Other_____
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply)

<input type="checkbox"/> Poor study habits	<input type="checkbox"/> Alcohol and/or other drug problems	<input type="checkbox"/> Difficulty sleeping
<input type="checkbox"/> Lack of money	<input type="checkbox"/> No support from family/friends	<input type="checkbox"/> Difficulty speaking up in class
<input type="checkbox"/> Taking the wrong classes	<input type="checkbox"/> Bad grades	<input type="checkbox"/> Feeling depressed or sad
<input type="checkbox"/> Always feeling tired	<input type="checkbox"/> Taking things too seriously	<input type="checkbox"/> Dealing with bills
<input type="checkbox"/> Recurring health concerns	<input type="checkbox"/> Problems at home	<input type="checkbox"/> Family medical problems
<input type="checkbox"/> Separation or divorce	<input type="checkbox"/> No close friends at NC	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Too shy	<input type="checkbox"/> Always worrying	<input type="checkbox"/> Test anxiety
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

What other areas will you need assistance with?

<input type="checkbox"/> Personal budget	<input type="checkbox"/> Motivation	<input type="checkbox"/> Leadership Development
<input type="checkbox"/> FAFSA	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Goals/Decision Making
<input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Applications
<input type="checkbox"/> Loans	<input type="checkbox"/> Relationships	<input type="checkbox"/> Funding
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Planning
<input type="checkbox"/> Exploring Diversity	<input type="checkbox"/> Interviewing	<input type="checkbox"/> Resume/Cover Letter
<input type="checkbox"/> Job Search	<input type="checkbox"/> Co-op/Internship	<input type="checkbox"/> Other_____
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

TRIO Application Instructions

Please complete this application using **black ink**. The information you provide is strictly confidential. Only completed applications will be accepted and admission to the program is not guaranteed. Eligible students will be contacted by the program to complete the admission process.

DEMOGRAPHIC INFORMATION					
Date of Birth	Social Security #	NC ID #			
Full Name					
<small>Last</small>	<small>First</small>	<small>M.I.</small>	<small>Maiden</small>		
Address:					
<small>Street or P.O. Box</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Home Phone	Cell Phone				
<input type="checkbox"/> Check this box if you consent to receiving <i>text messages</i> from TRIO Student Support Services for important updates.					
Personal E-mail Address				<input type="checkbox"/> <i>Check the preferred contact e-mail</i>	
Navarro College E-mail Address				<input type="checkbox"/>	
Name, address, and phone number of someone who will always know how to reach you.					
Contact Name			Phone		
Address					
<small>Street or P.O. Box</small>	<small>City</small>	<small>State</small>	<small>Zip</small>		
Check all that apply to you.					
Ethnicity:		Gender:		Citizenship:	
<input type="checkbox"/> Hispanic or Latino (must also select a race)		<input type="checkbox"/> Male		<input type="checkbox"/> U.S. Citizen	
Race:		<input type="checkbox"/> Female		<input type="checkbox"/> Permanent Resident	
<input type="checkbox"/> Native American/Alaskan Native				<input type="checkbox"/> U.S. National	
<input type="checkbox"/> Asian				<input type="checkbox"/> Non-Citizen, Pell Eligible	
<input type="checkbox"/> Black or African American					
<input type="checkbox"/> White					
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		Is English Your Second Language?			
<input type="checkbox"/> Unknown		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<input type="checkbox"/> Other (specify) _____					
ACADEMIC INFORMATION					
Student Classification:					
<input type="checkbox"/> New Student (no college hours)		<input type="checkbox"/> Transfer Student (transferred from another college)			
<input type="checkbox"/> Continuing Navarro College Student (some college courses) Credit hours earned _____					
Highest Level of Education:			Anticipated Attendance:		
<input type="checkbox"/> High School diploma (Year: _____)			<input type="checkbox"/> Full-Time		
<input type="checkbox"/> GED (Year: _____)			<input type="checkbox"/> Part-Time		
<input type="checkbox"/> Associate's Degree					
<input type="checkbox"/> Bachelor's Degree					
			Major		
			Cumulative GPA		
Educational Goals:					
Are you planning to graduate from Navarro College with a Certificate ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Are you planning to graduate from Navarro College with an Associate's Degree ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Are you planning to transfer to a four-year college or university ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
I am unsure of my educational goals at this time.		<input type="checkbox"/> Yes			

PROGRAM ELIGIBILITY

Have either of your parents (natural or adoptive) graduated from a college or university with a four-year, Bachelor's degree? Yes No

Do you have a documented disability? Yes No

If yes, please submit documentation or questions to Disability Services at (903)875-7377.

FINANCIAL ELIGIBILITY

Check **all** that apply to you. If you **DO NOT CHECK** any of the following, you are considered a dependent student and **must** submit your parent's or legal guardian's recent, signed Federal Income Tax Return. Otherwise, you should submit your tax return.

24 years of age or older

Have dependent child(ren)

Foster Care Youth

Married

Military Veteran

Homeless

Family size:

If you are a **dependent** student – include yourself, your parents, siblings, and any other person supported by your parents.

Family size reported

If you are **independent** – include yourself, spouse, children, and any other person supported by you.

FEDERAL INCOME TAX RETURN or NON FILER FORM

Who claimed you for income tax purposes? Parent Self

My family has no taxable income (complete TRIO Non-Filer Form)

Check here if you (independent) or your parent(s) (dependent) filed taxes during the recent tax year and have attached a physically signed and dated copy with this application.

Check here if you (independent) or your parent(s) (dependent) did not or will not file a recent federal income tax return and you have attached the completed TRIO Non-Filer form (available from TRIO Staff upon request).

Check here if you (independent) or your parent(s) (dependent) have attached a signed and dated government document showing recent taxable income.

INCOME VERIFICATION

Please check **all** other forms of assistance received for income verification:

Unemployment Benefits

Social Security Benefits

Veterans' Administration

Worker's Compensation

Welfare Benefits

Disability Benefits

Children Services

Other: _____

How did you learn about TRIO Student Support Services? (Check all that apply)

NC Staff/Faculty: _____

E-Mail

NC Website

TRIO Student: _____

TRIO Staff: _____

Participated in a TRIO program at a previous institution (if yes, where?) _____

Please check the box below indicating that you have read and understand the following GEPA Statement.

"It is the policy of Navarro College not to discriminate on the basis of sex, race, age, creed, religion, national origin, disability status, veteran status or sexual orientation in its educational programs, activities or employment practices."

By signing below, I/we am/are certifying the personal and financial information provided to the Navarro College TRIO Student Support Services is true and accurate to the best of my/our knowledge. By applying to this program, I/we authorize TRIO Student Support Services to use student's SSN, access my transcript/grade report to monitor academic progress, to access financial aid information for providing services, and to use my photos in the BLUMEN database and for publication.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

(Parent signature needed if the student is under 18 yrs. old or a financial dependent according to financial eligibility section above)

Print Parent Name _____

