

## **TRiO \*TRACS\*** Program

\*Transfer, Retention, Achievement & College Success\*



## Lassen Community College

## **Student Application**

The TRIO TRACS Program is a federally-funded program that provides **intensive academic support services** to students who are **first-generation**, are considered **income-eligible** based on federal guidelines, and/or **have a documented disability**. Please complete <u>all</u> sections of this application. The information you provide will remain confidential and is needed to determine eligibility for the program. Please return completed application to Basecamp in CA 209 to the TRIO Director.

NAME:			LCC I.D. #	
Last	First	ľ	M.I.	
Nick Name:		Birthdate:	S.S. #	
ADDRESS:	Street		Apartment/Unit#	
	Street		Apartmenty of the	
City		St	rate Zip	
PHONE: Home		Cell	<b>SEX:</b> $\square$ Male $\square$ Female	
EMAIL Address:			Pronouns:	
Academic Goal:   AA	√AS Degree □ AA/AS [	Degree + Transfer	□ Transfer Only □ Certificate □ Undecided	
First term you attende	ed or plan to attend LCC	C: □ Fall	□ Spring □ Summer	
Ethnicity (Check all tha	at apply):			
• •		ck/African American	□ Native American/Alaska Native	
□ Whi	te/Caucasian    Asia	an	☐ Native Hawaiian/Pacific Islander	
A		to a Vocatla		
Are you or nave you e	ever been	ter Youth Inother TRIO prograr	= 110 dom6 moccare	
	<u>P</u>	ROGRAM ELIGIBILI	<u>TY</u>	
1. Are you a U.S. citi	zen? Yes □ No □	If not, are you a lo	egal permanent resident? Yes   No	
•			Don't know □	
2. Did either of your	parents (or single pare	nt who raised vou) o	complete a 4-year baccalaureate degree?	
•	Yes □ No □	• •		
2 Do you have a de-	our out od diaahilitus	Voc = No =		
3. Do you nave a do	cumented disability?	res 🗆 No 🗆		
4. Have you applied	for financial aid?	Yes □ No □	If so, have you received it? Yes $\square$ No $\square$	
5. Are you currently a student in any of these LCC programs? (Check all that apply)				
□ EOP	S   CARE	□ CalWORKs	□ DSPS □ Residence Halls	
□ Risiı	ng Scholars	☐ LCC Athletics	□ Other	

## **FINANCIAL VERIFICATION**

6.	6. Are you an <b>independent</b> student (typically means you are either 24 or older, married, a parent, a veto and/or a ward of the court)? Yes $\square$ No $\square$ (If no, skip to #8 below.)				
	If yes, please indicate your <u>taxable income</u> for the last tax year filed and your family size. Please then sign to verify that this information is correct to the best of your knowledge.				
	\$ Family size Student Signature				
7.	Are you a <b>dependent</b> student (typically means you are <u>under</u> 24-years old, unmarried, and have no children)? Yes $\square$ No $\square$				
	(If yes, please have a parent or guardian fill in the family's <u>taxable income</u> for the last tax year filed and fami below, and sign to confirm accuracy. (You may also provide your parent(s) signed tax return or a signed state of yearly income and family size when you are contacted for your program consultation.)				
	\$ Family size Parent Signature				
	ACADEMIC ADVISING QUESTIONAIRE				
8.	Did you receive a High School diploma? Yes □ No □ High School GPA (if known):				
	If yes, what year? If no, have you earned a GED or its equivalency? Yes   No				
9.	How do you feel the TRIO TRACS Program could best help you? (Check all that apply)				
	□ My grades/tutoring □ Choosing a major □ Study habits/skills				
	☐ Money management ☐ Choosing my classes ☐ Transferring to a 4-year college				
	☐ Financial aid /scholarships ☐ Career planning ☐ Other				
10	Please answer the following questions in a few sentences. Why did you choose to go to college, and what are your current educational and life goals, if any?				
	<u>ACKNOWLEDGEMENT</u>				
the dat	signing below, I am confirming that all the information contained within this application is complete and accurate to best of my knowledge. I understand that by applying to the TRIO TRACS Program, I authorize staff to obtain records or ta pertinent to my participation (including FAFSA data), and to release information to the U.S. Department of Education reporting purposes. The personal information I provide is protected by the Family Educational Rights and Privacy Act RPA), and will be kept confidential.				
Ар	plicant Signature: Date:				