



South Florida State College
Student Support Services/TRiO
Application



600 W. College Drive • Building Y Room 102 • Avon Park FL 33825
Phone 863-784-7291 • Fax 863-784-7289

Date: _____ DOB: _____ Gender: ☐ Male ☐ Female

Applicant's Name: _____
First Name Middle Initial Last Name

Mailing Address: _____ SS# _____

City: _____ State _____ Zip _____ Home phone () _____
Cell phone () _____

Email Address: _____

How did you learn/hear about Student Support Services/TRiO? _____

Have you participated in TRiO before? ☐ Yes ☐ No If yes, when and which program. _____

I plan to attend the majority of classes at (check **one** campus): ☐ DeSoto ☐ Hardee ☐ Highlands ☐ Lake Placid

I am registered for classes at SFSC. ☐ Yes ☐ No My attendance will be mostly: ☐ Full-time ☐ Part-time ☐ Online

What language do you speak at home? _____ Other languages spoken: _____

Did you earn your high school diploma? ☐ Yes ☐ No If no, date of GED _____

What degree are you seeking? ☐ Certificate ☐ AA ☐ AS ☐ AAS

Major _____

To what college/university do you plan to transfer? _____ ☐ Unsure ☐ Don't intend to transfer

Have you attended college before? ☐ Yes ☐ No If yes, where and how many credits have you earned?
Institution Number of Credits Type of Degree Earned

Tell us about your academic and career goals: _____

Are you a US Citizen? ☐ Yes ☐ No If no, are you a permanent resident? ☐ Yes ☐ No

What is your ethnicity? (Check all that apply)
☐ White ☐ Black ☐ Hispanic ☐ American Indian/Pacific Islander ☐ Asian ☐ Other _____

Do you have a documented disability? ☐ Yes ☐ No

If yes: 1. What is the nature of your disability*? _____

2. Have you signed up with the Disabilities Specialist in the Advising Office? ☐ Yes ☐ No

Have either of your parents or guardians **graduated** from a four-year college or university? ☐ Yes ☐ No

If yes, was it your: ☐ Mother ☐ Father ☐ Both Mother and Father

Which parent did you regularly reside with and receive support from during your childhood (i.e., until you were 18 years old)?

☐ Mother ☐ Father ☐ Both Mother and Father ☐ Neither Mother nor Father

Have you applied for financial aid? ☐ Yes ☐ No ☐ I have accepted my financial aid award.

If yes, please check all that apply: ☐ I have not heard yet. ☐ I am in the process of verification. ☐ I am in the appeal process.

Are you 24 years of age or older?

☐ Yes ☐ No

Are you married?

☐ Yes ☐ No

Do you have at least one (1) dependent child?

☐ Yes ☐ No

Are you a veteran of the U.S. Armed Forces?

☐ Yes ☐ No

Were you a foster child, or are you a ward of the court?

☐ Yes ☐ No

I authorize SSS/TRiO to use my name/picture for public recognition as part of the SSS/TRiO program. _____(initial)

Student Support Services/TRiO is a program designed to help you graduate. The information provided is confidential and will help determine eligibility for the SSS/TRiO program. Discrimination is prohibited on the basis of race, gender, color, national origin, religion, age, disability, marital or parental status, or sexual orientation.

I hereby authorize SSS/TRiO to access, obtain, and share any information pertinent to my participation in the program. This information includes, but is not limited to, financial aid information, standardized test scores, transcripts, disability documentation, transfer information, graduation information, and grade reports. Under penalty of perjury, I certify that I have read this application and that it is accurate and complete to the best of my knowledge.

(Applicant's Signature)

(Date)

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Placement Scores: Math _____ Reading _____ English _____ DevEd Courses: Y N

Eligibility: FG LI D Academic Need: _____ Degree: Cert AA AS AAS

Probation: Y N College GPA: _____ Counselor: _____

Project Staff Signature: _____ Date: _____

☐ Accepted ☐ Wait List ☐ Denied Letter sent: _____ Letter sent: _____

☐ Added to Access ☐ Added to Banner ☐ Added to Excel ☐ Added Virtual Folder