



**\*PLEASE NEATLY PRINT ALL INFO\***



This questionnaire is designed to determine if the applicant is eligible for the TRiO Student Support Services Program at College of the Ouachitas.

**Please complete the following form and return with a copy of your income tax return or financial aid ISIR to the TRiO Office.**

**APPLICATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth (MM/DD/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Email Address (REQUIRED): \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Single Parent \_\_\_\_ Widowed \_\_\_\_ Divorced

Are you on Social Media? (please circle all that apply) Facebook Twitter Instagram SnapChat

**Like and Follow us: @COTO\_TRiO on Instagram, @COTOTRiO on Facebook, @CotoTrio on Twitter**

Listed are the criteria for an **independent** student: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.

Are you a dependent student? [ ] Yes [ ] No Are you an independent student? [ ] Yes [ ] No

Please list the degree you are seeking? \_\_\_\_\_

Do you consider yourself to be Hispanic/Latino (a) \_\_\_\_ Yes or \_\_\_\_ No

Race/Ethnicity (check all that apply)

\_\_\_\_ Alaskan Native \_\_\_\_ Pacific Islander \_\_\_\_ African-American \_\_\_\_ Caucasian \_\_\_\_ Asian \_\_\_\_ Native American

Are you now or have you ever been in foster care? \_\_\_\_ Yes \_\_\_\_ No

Are you now or have you ever been homeless? \_\_\_\_ Yes \_\_\_\_ No If yes, where are you living? \_\_\_\_\_

**CONTRACT**

I understand that the goal of this program is to retain and graduate eligible students. I fully understand that being in Student Support Services is a privilege. I understand that:

- 1) I will be assigned a counselor
- 2) I will have use of the computer lab
- 3) I will utilize tutoring (online and/or on-campus), counseling (academic, transfer/career, and/or personal/financial), study skills help, academic pre-advising, peer support, cultural activities, and various workshops

**Please initial below:**

I am aware that **I am required** to:

- \_\_\_\_ 1) Meet with the TRiO Director at least one time during the semester and then as needed after initial visit.
- \_\_\_\_ 2) Meet with a counselor a minimum of two times during the semester and then as needed following the two required visits.
- \_\_\_\_ 3) Attend a minimum of one study skills workshop, TRiO activity, and/or cultural educational activity per semester
- \_\_\_\_ 4) If I am on academic probation or receive an early alert, I agree to contact TRiO to set up an academic plan of action then meet again for a follow-up visit.
- \_\_\_\_ 5) Cooperate with follow-up surveys, questions, etc...
- \_\_\_\_ 6) Comply with all TRiO rules and guidelines in order to remain eligible in the SSS program provided by College of the Ouachitas.

I am interested in participating in the Student Support Services program in order to achieve my educational goal. I agree to participate in all recommended services and will keep all appointments until my goals are met. I further agree that I will complete recommended assessment tools. I give permission for my image, photographs, and/or name, or data to be used in TRiO media, brochures, pamphlets, PowerPoints, etc. I have read the foregoing in full and hereby certify that to the best of my knowledge, all information contained herein is accurate. I give permission to the SSS program to secure my high school transcript/GED scores, ACT/COMPASS/NET scores, financial aid information, and other needed academic/financial information from appropriate agencies (i.e. DHS, Rehab Services, Single Parent Program, VA, etc.) in order to provide services. I agree to contact SSS counselors on a monthly basis. I agree to sign in and out through a database program when appropriate.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**ELIGIBILITY CRITERIA/INITIAL INDIVIDUALIZED PLAN OF ACTION**

*Please complete the following information so that we can determine what services are needed in order to ensure your success at COTO!*

**ELIGIBILITY**

YES NO (Check Yes or No to answer each question)

\_\_\_ \_\_\_ Has your mother/guardian received/earned a four-year degree from a college or university?

\_\_\_ \_\_\_ Has your father/guardian received/earned a four-year degree from a college or university?

\_\_\_ \_\_\_ I have completed an Associates or Bachelor's Degree.

\_\_\_ \_\_\_ I have completed and filed my last year's Federal income taxes.

\_\_\_ \_\_\_ I have a documented disability.  
Type: \_\_\_\_\_

\_\_\_ \_\_\_ Are you registered with the COTO Disability Office?

\_\_\_ \_\_\_ Are you a U.S. Citizen?

**OR**

\_\_\_ \_\_\_ Are you a Permanent Resident (PR)?  
If yes, write your Resident Alien #: \_\_\_\_\_

\_\_\_ \_\_\_ Did you graduate from high school?  
What year? \_\_\_\_\_

\_\_\_ \_\_\_ Did you complete the GED? What month and year?  
\_\_\_\_\_/\_\_\_\_\_

\_\_\_ \_\_\_ I have been a participant in TRiO (circle all that apply):  
Educational Talent Search (ETS)  
Upward Bound (UB all programs)  
Student Support Services  
Equal Opportunity Center (EOC)

**INDIVIDUALIZED PLAN OF ACTION**

(Please check all SSS services you might be interested in)

\_\_\_ Academic Counseling

\_\_\_ Disability Counseling

\_\_\_ Transfer Counseling

\_\_\_ Career Counseling

\_\_\_ Personal Counseling

\_\_\_ Financial Aid Counseling

\_\_\_ Study Skills/Student Workshops

(Please circle the types of workshops that will benefit you)

Note-Taking \_\_\_\_\_ Learning Styles \_\_\_\_\_

Reading Improvement \_\_\_\_\_ Test-Taking \_\_\_\_\_

College Transfer \_\_\_\_\_ Budgeting \_\_\_\_\_

Time Management \_\_\_\_\_

\_\_\_ Tutoring (Please circle all that apply)  
English \_\_\_\_\_ Computers \_\_\_\_\_  
Math \_\_\_\_\_ Sciences \_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_ Cultural Academic Enrichment Activities  
(this includes our field trips and sponsored events)

**2017 INCOME GUIDELINES**

This figure shows amounts set to 150% of the family income levels established by the Census Bureau for determining poverty status.

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,090	\$22,590	\$20,790
2	\$24,360	\$30,435	\$28,005
3	\$30,630	\$38,280	\$35,220
4	\$36,900	\$46,125	\$42,435
5	\$43,170	\$53,970	\$49,650
6	\$49,440	\$61,815	\$56,865
7	\$55,710	\$69,660	\$64,080
8	\$61,980	\$77,505	\$71,295

List the # of people you claimed on last year's tax return \_\_\_\_\_

Please list your taxable income on the line below

Income: \_\_\_\_\_

This can be found on: Form 1040 Line 43  
Form 1040A Line 27  
Form 1040EZ Line 6

Then list, by first name, your family members and their relationship to you.

Example: Jane – Mom; John –Dad \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL AID INFORMATION**

Are you receiving financial assistance from any of the following? **Please circle yes or no on all that apply and give the amount if available.**

Pell Grant YES/NO \_\_\_\_\_ Lottery Scholarship YES/NO \_\_\_\_\_

Work-study YES/NO \_\_\_\_\_ Please list the Grants/Scholarships you are receiving \_\_\_\_\_

SEOG YES/NO \_\_\_\_\_

I have applied for Arkansas financial assistance, but not yet received a determination. \_\_\_\_\_

Are you receiving rehab? \_\_\_ Yes \_\_\_ No \_\_\_ Applied If yes, what is the amount? \_\_\_\_\_ per semester / year.

Have you previously attended a college/university? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you a veteran of the U.S. Armed Forces or currently serving on active duty in the U.S. Armed Forces? \_\_\_\_\_

**I do hereby certify, that the above information mentioned herein is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**