



STUDENT SUPPORT SERVICES

SIMPSON COLLEGE - Student Support Services
701 North C St., Indianola, IA 50125 Ph: 515-961-1230
http://simpson.edu/student-support-services/

2017-2018 PROGRAM APPLICATION

TRIO/Student Support Services is a federally funded program designed to provide academic support, cultural activities, and personal development programming. Services provided to program participants are based on the Plan of Operation described in the federal grant proposal and approved by the U.S. Department of Education

If you are applying as a student with a disability official documentation must be included with this application (i.e. medical diagnosis summary, accommodation request). Permanent residents must submit official proof of immigration status.

PART 1: PERSONAL DATA

Applicant Name: (Last) (First) (MI)

Permanent Address: (Street/P.O. Box) (City) (State) (Zip Code)

Birth Date: Sex: Identified Gender:

U.S. Citizen: Social Security #:

If No: Permanent Resident: A#:

Simpson Student ID#: Campus Mail:

Cell #: E-mail: @my.simpson.edu

Class Level: Freshman Sophomore Junior Senior

PART 2: RACE

- American Indian Black/African American Alaskan Native
White Asian Native Hawaiian/Pacific Islander

PART 3: RACE/ETHNIC GROUP

Do you identify as Hispanic? Yes No

PART 4: MARITAL STATUS

- Single Married Divorced Separated Widowed

OFFICE USE ONLY

Date Application Received:

ACT Composite:

S: R:

M: E:

CC Eligible: Yes No

APPLICATION STATUS:

- Accepted Date:
Denied Date:
Waitlisted Date:

ELIGIBILITY:

- First Generation/Low Income
Low Income Only
First Generation Only
Low Income/Disability
Disability Only

WAITLIST DUE TO:

- Eligibility type
Academic credit level
No available openings

Director's Signature:

Advisor Assignment:

Cohort Year:

PART 5: EDUCATIONAL INFORMATION

High School Name: _____ City & State: _____

Graduation Date: _____

Are you a transfer student? Yes No

If Yes: Previous School: _____ Date of Last Attendance: _____

Degree Earned: Yes No Degree Type: _____

Prior College Credits Earned: Yes No Approximate Number: _____

Enrollment Status at Simpson? Full-time Half-time or less

Intended Major: _____ Minor: _____

How were you referred to TRIO Student Support Services? _____

Have you been part of a TRIO program prior to Simpson College: Yes No Where: _____

Which program: Student Support Services Educational Talent Search Upward Bound

PART 6: NEEDS ASSESSMENT

Utilizing the following scale, indicate the response that best reflects you as a college student:

1 = very low

2 = low

3 = satisfactory

4 = high

5 = very high

____ Grades

____ Perseverance

____ Attitude toward College

____ Motivation

____ Intellectual Interest

____ Sense of Financial Security

____ Self-Discipline

____ English Proficiency

____ Family Emotional Support

____ Confidence

____ Study Habits

____ Academic Preparedness

____ Comfortable in Social Settings

____ Punctual

____ Clear on Academic Expectations

Check any of the following areas that you feel you need to improve on:

Math Skills

Writing Skills

Reading Skills

Listening Skills

Concentration

Memorization

Study Skills

Test Taking

Note Taking

Time Management

Computer Skills

Procrastination

Check the services offered but the Simpson College SSS program that you think you would use:

Tutoring

Stress/Anxiety Management

Academic Advising

Peer Mentoring

Choosing a Major

Group Study Sessions

Career Guidance

Information about Campus Resources

Goal Setting

Graduate School Counseling

Financial Aid/Scholarship Advising

Understanding Degree Requirements/Academic Planning

Exposure to Cultural Activities

Professional Networking

Financial Literacy Events

Other _____

What do you see as the biggest obstacle or challenge you will face at Simpson College?

PART 7: FIRST-GENERATION VERIFICATION

The term "first-generation college student" refers to an individual whose parent(s) did not complete a bachelor's or 4-year college degree.

Highest educational level or grade your parents completed. Check one for each person.

	Father	Mother
High School/GED or less	<input type="checkbox"/>	<input type="checkbox"/>
Some college (less than four years)	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree (four years)	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Degree (Masters, PhD, MD etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

Currently Reside with: Mother Father Both Neither

Under the above definition, I am a first generation college student. Yes No

PART 8: FINANCIAL AID STATUS AND INCOME VERIFICATION

Have you completed the most recent FAFSA? Yes No

If Yes: Do you qualify for a Pell Grant? Yes No Unsure

Have you completed the SSS income verification form (enclosed)? Yes No

PART 9: DISABILITIES VERIFICATION

Do you have a **documented** physical and/or learning disability? Yes No

If Yes: Do you have appropriate documentation on file with the Simpson College accessibility services office? Yes No

Official documentation **must** be on file with accessibility services office in order for you to qualify for SSS as a student with a disability (i.e. medical diagnosis summary, documented educational accommodation request, etc).

PART 10: CAMPUS INVOLVEMENT

Do/will you participate in intercollegiate athletics? Yes No Activity: _____

Do/will you work (on or off campus) during the school year? Yes No

If Yes: How many hours do/will you work each week? _____

PART 11: RELEASE OF INFORMATION

I acknowledge that by applying for this program, I authorize TRIO/Student Support Services to confer with Simpson College faculty and staff to gather the necessary information in order to provide program services, and to make reports to the U.S. Department of Education in accordance with grant funding regulations. I understand that the information will be kept confidential and will be used for the following specified purposes: a) student demographic data and recordkeeping, b) program evaluation, c) needs assessment, d) federal reporting, and e) other administrative purposes.

I understand that the completion of this application does not guarantee acceptance to the Simpson College TRIO/Student Support Services program.

I am aware that personal information provided to the TRIO/Student Support Services program will be protected under the Federal Education Rights & Privacy Act (FERPA) of 1974.

PART 12: AFFIDAVIT OF TRUTH STATEMENT

I certify that the information provided on this form is true and correct to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature
(required only when student is under 18)

Date

****Applications are reviewed on a case by case basis – there are a small percentage of students that may meet Simpson College low-income guidelines, but not TRIO low-income guidelines.**

TRIO

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Simpson College Student Support Services program is a federally funded U.S. Department of Education TRIO Program