



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/>

2025-2026 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

PART 1: PERSONAL DATA

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

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

Birth Date: ____/____/____ Sex: _____

U.S. Citizen: ☐ Yes ☐ No

If No: Permanent Resident: ☐ Yes ☐ No A#: _____

Simpson Student ID#: _____ Campus Mail: _____

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

Class Level:
Freshman _____ Sophomore _____ Junior _____ Senior _____

OFFICE USE ONLY

Date Application Received: _____

CC Accept: ☐ Yes ☐ No

Application Score: _____

Academic Need Code: _____

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 2: RACE (must choose one)

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

PART 3: ETHNIC GROUP

Do you identify as Hispanic? ☐ Yes ☐ No *** (If yes, please also identify which race area you most identify with)

PART 4: MARITAL STATUS

- ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

PART 5: EDUCATIONAL INFORMATION

High School Name: _____ City & State: _____ Graduation Date: _____

Are you a transfer student? ☐ Yes ☐ No

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

Degree Earned: ☐ Yes ☐ No Degree Type: _____

Prior College Credits Earned: ☐ Yes ☐ No Approximate Number: _____

Enrollment Status at Simpson? ☐ Full-time ☐ Part-time

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 (Where: _____) ☐ No

If Yes, which program: ☐ Student Support Services ☐ Educational Talent Search ☐ Upward Bound

PART 6: NEEDS ASSESSMENT

Utilizing the following scale, rate your skill/comfort level with the following items:

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

____ Knowledge of Simpson's Academic Expectations

____ Punctual

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 by the Simpson College SSS program that you think you would most benefit from:

☐ Online Tutoring

☐ Stress Management

☐ Academic Advising

☐ Peer Mentoring

☐ Guidance in Choosing a Major

☐ Group Study Sessions

☐ Career Guidance/Networking

☐ Information about Campus Resources

☐ Goal Setting

☐ Graduate School Guidance

☐ Financial Aid/Scholarship
Advising

☐ Understanding Degree Requirements/Academic Planning

☐ Financial Literacy Workshops

☐ Exposure to Cultural Activities

Please briefly explain why you should be accepted to the SSS program and how you will use it to your benefit?

Program Eligibility: In order to participate in TRIO-SSS, students must meet **at least one** of three criteria:

- Be a first-generation college student
- Have a documented disability
- Meet TRIO income guidelines (updated each year by the US Department of Education)

Completing Parts 7-9 will allow TRIO-SSS staff to determine the student eligibility. All information will be maintained confidentially in the student's file.

PART 7: FIRST-GENERATION VERIFICATION

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

According to the above definition, I am a first-generation college student. ☐ Yes ☐ No

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

	Parent 1	Parent 2
High School/GED or less	<input type="checkbox"/>	<input type="checkbox"/>
Some college (completed 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: ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Neither

PART 8: 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

OR

Did you attach appropriate documentation to this TRIO-SSS application? ☐ Yes ☐ No

Official documentation must be on file in order for you to qualify for SSS as a student with a disability.

PART 9: FINANCIAL AID STATUS AND INCOME VERIFICATION

Have you completed the 2025-2026 FAFSA? ☐ Yes ☐ No

If Yes:

Do you qualify for a Pell Grant? ☐ Yes ☐ No ☐ Unsure

For FAFSA purposes, are you a *Dependent* or *Independent* student? ☐ Dependent ☐ Independent

In accordance with 20 U.S. Code § 1070a-11 - Program authority; authorization of appropriations, appropriate **documentation of status as a low-income, dependent individual** can be provided in one of the following forms:

- a signed 2024 United States or Puerto Rico income tax return
- a signed statement verifying 2024 Taxable Income (see sections A and B following)
- verification from another governmental source

Statement of Income: please complete ONLY the section pertaining to you
A. Dependent Student
OR
B. Independent Student

A. Dependent Student (to be completed by a parent/s listed on FAFSA):
LEAVE BLANK IF YOU ARE AN INDEPENDENT STUDENT; PROCEED TO SECTION "B"

Please answer questions 1, 2, and 3 below:

1. 2024 parents' Taxable Income from taxes prepared in 2024: _____ \$
(use line 15 on IRS form 1040)

OR

I, _____ parent/guardian of
_____ (student name), had a **Taxable Income** of
_____ \$ in 2024.

2. Total number of individuals in household _____
(yourself, even if you don't live with your parents; your parents; your parents' other children, and other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support between July 1, 2025 and June 30, 2026)
3. As the parent/guardian of TRIO-SSS applicant _____ (student's name), I certify that the information provided on this form is true and accurate to the best of my knowledge, and I give permission for my dependent student to participate in the TRIO-SSS program.

Parent's signature _____ Date _____

B. Independent Student (to be completed by the student): LEAVE BLANK IF YOU COMPLETED SECTION "A"

Please answer questions 1, 2, and 3 below:

1. 2024 STUDENT'S Taxable Income from taxes prepared in 2024: _____ \$
(Use line 15 on IRS form 1040)

OR

I, _____ (student name), had a **Taxable Income** of
_____ \$ in 2024.

2. Total number of individuals in household _____
(yourself and other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support between July 1, 2025 and June 30, 2026)
3. I, _____ (student's name), certify that the information provided on this form is true and accurate to the best of my knowledge.

Student's signature _____ Date _____

PART 10: CAMPUS INVOLVEMENT

Do/will you participate in intercollegiate athletics?

☐ Yes ☐ No Sport: _____

Do/will you work during the school year?

☐ Yes ☐ No

If Yes: How many hours do/will you expect to 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 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 am granting permission for the Student Support Services staff at Simpson College to have access to my academic and financial aid records. Additionally, I am granting permission to the Simpson College Student Accessibility Services office (SAS so that SAS may confirm receipt of disability documentation to determine my eligibility for the TRIO/SSS 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.

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

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.**