



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/

2021-2022 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: 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

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 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, indicate the response that best reflects you as a 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

____ 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 use:

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

Exposure to Cultural Activities

Financial Literacy Workshops

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

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 (i.e. medical diagnosis)

PART 9: 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

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 2018 United States or Puerto Rico income tax return
- a signed statement verifying 2018 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. 2020 parents' Taxable Income from taxes prepared in 2020: _____ \$
(use line 11b on IRS form 1040)

OR

I, _____ parent/guardian of
_____ (student name), had a **Taxable Income** of
_____ \$ in 2020.

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, 2021 and June 30, 2022)
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. 2020 STUDENT'S Taxable Income from taxes prepared in 2020: _____ \$
(Use line 11b on IRS form 1040)

OR

I, _____ (student name), had a **Taxable Income** of
_____ \$ in 2020.

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, 2021 and June 30, 2022)
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 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 am granting permission for the Student Support Services staff at Simpson College to have access to my high school transcript, standardized test scores and financial aid records in order to determine my eligibility for the 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.**