TRiO STUDENT SUPPORT SERVICES

Wayne County Community College District
Transfer Program

New Student – Application Package

Statement of Confidentiality: The information requested in this application is for determining the applicant's eligibility for the TRiO/Student Support Services Program.   Information is treated confidentially and in accordance with the College and federal student privacy policies.

The TRiO/SSS Program is a program funded by the US Department of Education to serve students who are first-generation college students and whose families' income falls within the US Department of Education guidelines. (First-generation college refers to students who come from a family where no parent has graduated from a university or college).

TRiO/SSS Application Checklist

☐ Complete this application.

☐ Write a statement 200-300 word letter (type) of interest explaining why you are applying to TRiO

☐ Obtain a Plan of Work from the Academic Advisor with expected graduation date

☐ Submit a copy of your SAR Report (Student Aid Report). Obtain from the FAFSA website.

☐ Degree Works

☐ **MUST return all documents to the Downtown or Eastern Campus**

The TRiO/SSS Program's goal is to help increase college retention and graduation.   This program helps students develop the academic skills and personal development necessary to successfully pursue a college education.

You must submit this application to be considered for the TRiO/SSS Program at Wayne County Community College District.   For your application to be considered, you must answer all questions and attach all pertinent paperwork.

If you have any questions, contact the TRiO Transfer Program Coordinators:

Yolanda Russell	**Downtown Campus**	**M-F**	**(313) 496- 2758**	**Room 210**
Marcie Noutai	**Eastern Campus**	**M-F**	**(313) 922-3311**	**Room W208**

As affirmed in its mission statement, WCCCD does not discriminate on the basis of race, color, creed, religion, nation or ethnic origin, age, gender, sexual orientation, marital status, status with regard to public assistance not disability in its educational policies and programs. WCCCD is committed to providing reasonable accommodations to its students.

Program Eligibility

- Be a U. S. Citizen or Permanent Resident Alien
- Currently enrolled at Wayne County Community District
- Have not earned an Associate Degree or higher and have earned less than 30 transferable credits
- Must have a 2.0 or above cumulative G.P.A.
- Meet at least one of the following: low-income, first-generation college student or have a documented disability
- Pursuing an Associate Degree and plan to transfer to a four-year college

Selection Process

There are a limited number of spaces available each semester. Only completed applications will be reviewed. Eligible applicants will be contacted by the TRiO office via email. You will be require to make an appointment for your intake interview and to attend a required orientation.

TRiO Grant

New participants will become eligible to apply for the TRiO Grant after they have been an active member of the TRiO/SSS Program for one semester.

Part I: Applicant Information

Name: _____
  Last   First   MI

Student
Email: _____   Personal
                                                     Email: _____

Permanent Address: _____
                                              City   State   Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Student ID#: A00_____ Social Security #: _____

Your date of birth: _____ Gender: ☐ Female ☐ Male
                            Month/ Day/ Year

Ethnic Heritage:

☐ Black or African/American   ☐ Caucasian   ☐ American Indian
☐ Asian American   ☐ Hispanic or Latino ☐ Alaskan Native
☐ Arabic American   Other, please specify: _____

Citizenship: US Citizen ☐ Yes ☐ No   Permanent Resident #: _____
Have you been in the U.S. military for 181 days or more? ☐ Yes   ☐ No

Do you have a documented disability?   ☐ Yes   ☐ No

If yes, have you submitted documentation of your disability with Disability Support Services?
        ☐ Yes   ☐ No

Do you have a college degree? ☐ Yes   ☐ No   If yes, what is it? _____

Part II: Academic Information

Main Campus location you will be taking classes at:
☐ Downtown ☐ Eastern ☐ Downriver ☐ Northwest ☐ Western ☐ UC

Did you/or will you apply for Financial Aid?   ☐ Yes ☐ No

Are you receiving Financial Aid?   ☐ Yes   ☐ No

Are you registered for academic classes at WCCCD?   ☐ Yes   ☐ No

Are you a transfer student? ☐ Yes ☐ No If yes, where from? _____

Name of Program enrolled at WCCCD: _____

Do you plan to transfer to a senior college before completing a degree at WCCCD?
☐ Yes ☐ No

What is your planned major for the senior college? _____

Have you selected a senior college: ☐ No ☐ Yes

First choice of senior college: _____

Second choice of senior college: _____

Where did you attend High School? _____

Did you graduate? ☐ Yes ☐ No   If yes, what year? _____
If no, did you receive a GED? ☐ Yes ☐ No   If yes, what year? _____

Did you attend any trade school?   ☐ Yes ☐ No
If yes, what program? _____

Have you participated in any other U.S. Department of Education Programs?
☐ Yes ☐ No

If yes, which program(s)? ☐ UB ☐ TS ☐ EOC ☐ Other SSS

When? _____   Where? _____

Part III: Family Information

The information below, which must be provided by all applicants, is used to determine applicant's eligibility for the TRiO/Student Support Services Program and will be treated confidentially. *A copy of your Student Aid Report (SAR), which can be found on the FAFSA website, must be returned along with the completed application.*

Which parent has a Bachelor's degree? ☐ Father   ☐ Mother   ☐ Both   ☐ Neither

For financial aid purposes, are you considered a dependent or independent student? _____

a. What is the total number of persons (including you) in your family?	
b. What was your family's taxable (not total) income from the last calendar year? (Please check only **ONE** box. Then, provide the requested income information.) **NOTE**: Taxable Income can be found on the federal income tax return. On IRS Form 1040, see line 43. On IRS Form 1040A, see line 27. On IRS Form 1040EZ, see line 6.	☐ My family's taxable (not total) income from the last calendar year was: $_____
	☐ My family did not file a federal income tax return for the last calendar year. My family's total income from the last calendar year was: $_____
	☐ My family had no taxable income during the last calendar year.

I certify that all of the information provided here is true and correct to the best of my knowledge.

_____   _____
              Student Name   Date

_____
Student's Electronic Signature (Student A#)

1.   About how many hours do you think most college students study each week?

☐ 1- 2　　　　　☐ 4 – 6　　　　　☐ 7 – 10　　　　　☐ more than 10

2.   What do you think is the most critical issue that you need to work on for you to succeed in college?

☐ Critical Reading　　　　　☐ Procrastination

☐ Meeting new people　　　　　☐ Taking lecture notes

☐ Organization　　　　　☐ Test-taking

☐ Time management　　　　　☐ Other
　　　　　　　　　　　　　　　(please specify):_____

3.   When thinking about college, what is it that makes you most apprehensive?

☐ Fitting in　　　☐ Academic coursework　　　☐ Attending classes regularly

☐ Talking to professors　　　☐ Taking tests　　　☐ Managing time

☐ Meeting other students　　　☐ Choosing a major　　　☐ Other (please indicate):
　　　　　　　　　　　　　　　　　　　　　　　　　　　　_____

4.   What type of resources, services, etc. would you be most interested in using to help you become more successful in college?   Check all that apply.

☐ Tutoring　　　☐ Note-taking techniques　　　☐ Time management

☐ Personal counseling　　　☐ Test taking　　　☐ Study strategies

☐ Meeting with instructors　　　☐ Stress/anxiety　　　☐ Transferring

5.   What subject is most difficult for you?

☐ Math　　　　　☐ Reading

☐ Writing　　　　　☐ English

☐ Science　　　　　☐ History

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Consent for Release of Academic Records

I,_____hereby give permission for the Wayne County Community College District TRiO/SSS Program to obtain any and all of my academic records, including college transcripts, test scores and records, teacher evaluations, financial aid information and any and all future college transcripts and records.

I understand that these records will only be used internally by the program and on an individual basis. I also understand that records compiled on a group basis may include any and all of these program, program evaluations, performance reports, and related uses.

☐ I agree with these terms   ☐ I disagree with these terms

_____   _____
Student's Name   Date

_____
Student's Electronic Signature (Student A#)

Consent for Release of Photographs and Personal Info

I,_____hereby give permission to the Wayne County Community College District TRiO/SSS Program to take my picture as part of my participation in the program. I understand that this picture may be published and used in all types of public relations related activities in which the program may be involved. I understand that my picture may be published along with any related information about myself that is appropriate to the activity.

I do not give my permission to release personal or sensitive information about myself without my written permission.

☐ I agree with these terms   ☐ I disagree with these terms

_____   _____
Student's Signature   Date

_____
Student's Electronic Signature (Student A#)

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Agreement to Participate

As a member of the TRiO/Student Support Services Program (TRiO/SSS) I, _____
_____ , agree to the participation requirements as explained to me by
my Transfer Coordinator.

The requirements include:

- Demonstrate a commitment to transfer by enrolling in courses that are required or recommended for my major. I agree to follow my *Plan of Work* that I have developed with my Transfer Coordinator in which my goal will be to complete my program of study within three years or less. I should not take courses in excess of those necessary to complete my program and transfer.

- Participate in at least two TRiO/SSS activities each semester I am registered at WCCCD.

- Keep my Transfer Coordinator informed of my current home address, telephone number or email address changes. I agree to meet with or contact my Transfer Coordinator at least once a month during the semester. I agree to contact my Transfer Coordinator before withdrawal from a course to explore options such as tutoring, workshops, meeting with my instructor . . .

- I understand that: not attending WCCCD for two consecutive semesters, not contacting TRiO/SSS for one semester, or not following any of the other requirements mentioned in this agreement may result in my removal from the TRiO/SSS Program. If my G.P.A. drops below 2.0 for two consecutive semesters, I may be put on academic hold.

- Participant in a minimum of three workshops a semester.

- I agree to follow all Student Support Services Program procedures and to treat all TRiO/SSS staff and participants with respect. I understand that I am responsible for all the WCCCD Policies covered in the WCCCD Student Handbook.

I have read this document, understand it, and agree with the terms and conditions set forth. I understand that if these requirements are not met, I may be dismissed from the TRiO/SSS program.

_____   _____
Student's Name   Date

_____
Electronic Signature (Student A#)

_____   _____
Coordinator Signature   Date