

TRIO STUDENT SUPPORT SERVICES

2024-25 APPLICATION

Last Name	First Name	M.I.	Student ID Number		
Permanent Address:					
	Street	City	State Zip		
Address While at School: _					
Cell Phone:	Permanent Phone: Work/Alternate Phone:				
IWC Email Address:	Alternate Email Address:				
Demographic Informa	tion:				
Date of Birth:	Current age:	Gender: M / F / Non-Bina	ary		
	Hispanic or Latino American Indian or Alaskan Native Asian	☐ Black or African☐ White☐ Hawaiian or Oth	American ner Pacific Islander		
-	ar about NWC Student Support Serv				
☐ Admissio			· · · · · · · · · · · · · · · · · · ·		
☐ GEAR U					
	OC (Morgen Patrick)				
Academic Information					
Have you been a	accepted to or are you currently enrolle	ed at NWC? Enrolled Ac	ccepted for (semester)		
Major:	Career Plans: _				
Academic Need	: Please mark all that apply.				
☐ I am a fir	st-generation student, income qualifie	d student or a student with a dis	ability.		
☐ I had a h	☐ I had a high school GPA below 2.0. ☐ I have been out of school for 5 or more years.				
	☐ I tested into pre-college math or English. ☐ I have limited English proficiency.				
	ly have college grades of C- or below. y high school equivalency.		eer goals. dness for college level coursework		
			DIDES INFORMATIONS ISSUED CONFESSION		

Eligibility for Program Services

1. Citizenship/Residency Status:

Are you a citizen or national of the U.S □Yes □No

If "No," do you meet the residency requirements for Federal student financial assistance? □Yes □No

(If your answer to both questions is "No," you are not eligible to join TRIO Student Support Services as it is a federal grant from the US Dept. of Ed. We encourage you to contact our office to see if we can help you locate other student services programs.)

2. Degree Status: Do you currently have a Bachelor's Degree? □Yes If yes, please explain why you are pursuing a certific		
3. First Generation College Student: Did your mother graduate with a bachelor's	s degree from a four-year college or unive	rsity? □Yes □No
Did your father graduate with a bachelor's	degree from a four-year college or univers	sity? □Yes □No
If you didn't live with both of your parents, which par	rent/guardian did you live with most?	
4. Physical, Cognitive, Learning or Psychological Dis Do you have a physical, cognitive, learning, or psychological Dis Are you registered with NWC Disability Support Sen	hological disability? □Yes □No	
5. Income Eligibility: Complete Section a or b below.		
a) Dependent Students : You are considered a Dep	endent Student if you mark either of the situations	below:
I am under 24 and don't meet the independe	ent student qualifiers (shown below in b).	
☐ I was claimed on my parents' income tax ret	urn.	
Your parents must complete and sign the attac	ched Verification of Parental Income.	
☐ I am married. ☐ I ha	n a veteran. Ive dependents other than my spouse. Ive designated homeless student status. Its.	ations below:
What was your taxable income on the most information can be found on Tax Form 1040 Line 15 (o	recent year's income tax return (not gross or acor a line close to that).	ljusted gross income)? This
Taxable Income \$	Receiving a Pell Grant? □Yes □No Pell A	mount? \$
What is the total number of family members clair	ned on your tax return?	
Your signature on this application indicates that this is	s an accurate statement of taxable income as reported o	on your most recent tax return.
Records Release Statement and Signature:		
In order to track the progress of TRIO Student Support Service information on current and past academic standing, coursework scholarship or financial aid application and award status, and or grant, we are required to access and report student educations income and/or first generation status with the US Department.	rk, interim or final grades, attendance, placement scores official or unofficial transcripts. In order to remain complal data including GPA, enrollment status (at NWC or els	s, college enrollment status, liant to this federally-funded
I authorize the SSS Program to obtain information on my finan any institution in which I enroll, for grant reporting purposes. It is SSS program and services, increasing the effectiveness of the participation status.	understand that this information is to be used for apprais	sing the effectiveness of the
>	>	
Print Full Name	Signature	 Date

Verification of Parental Income (Dependent Students Only)

Funding for TRIO Student Support Services is provided by the US Department of Education. The USDE requires proof that funds are serving those for whom they are intended. For that reason, documentation of your eligibility status is required.

* See the back of this form for an income-eligibility guideline chart. Falling above these guidelines does NOT in itself eliminate you from our

This information will not be shared with any sources outside of the Student Support Services office.

program					
Student c	laimed as dependent	:		-	
		Last Name	First Name		
1) Parer	nts taxable income)(r	ot total income or ac	ljusted gross income) for	the Most Recent TAX YEAR (found	on
Ta	ax Form 1040) was:				
	\$				
2) T	otal number of family	members claimed o	n parents'/guardians' tax	return:	
3) Is	student receiving a	Pell Grant? Yes N	o If yes, Pell Amoun	t:	
			, , ,	n eligibility requirements only and will not rate and complete to the best of my know	
P	arent/Guardian Print	ed Name	Relation	ship to Student	
	Signature		D	ate	

*Income-Eligibility Chart

Funding for TRIO Student Support Services is provided by the U.S. Department of Education. The USDE requires proof that funds are serving those for whom they are intended. For that reason, documentation of your eligibility status is required.

If the TAXABLE INCOME (not adjusted gross income) on your income tax form is less than the amount shown on the chart below, you are considered income-eligible. Taxable income above these guidelines does not necessarily eliminate you from qualifying for our program as you may qualify as first-generation or student with a disability.

Federal TRIO Programs Current-Year Low-Income Levels

(Effective January 11, 2024 until further notice)

Size of Family Unit	48 Contiguous States, DC, and Outlying Jurisdictions	Alaska	Hawaii
1	\$22,590	\$28.215	\$25,965
2	\$30,660	\$38,310	\$35,250
3	\$38,730	\$48,405	\$44,535
4	\$46,800	\$58,500	\$53,820
5	\$54,870	\$68,595	\$63,105
6	\$62,940	\$78,690	\$72,390
7	\$71,010	\$88,785	\$81,675
8	\$79,080	\$98,880	\$90,960

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$10,095 for Alaska; and \$9,285 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 17, 2024 and are effective as of January 11, 2024.

Information found at: http://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html