



**PIKES PEAK  
COMMUNITY  
COLLEGE**

**Pikes Peak Community College  
TRIO Student Support Services  
Participant Application**



**TRIO Student Support Services (TRIO SSS) is federally funded to provide support for students who are first-generation, low-income, veterans, and/or who identify as having a disability.**

The information you provide is CONFIDENTIAL.

Our program serves a limited number of students every year who meet at least one of the above qualifications.

Application does not guarantee acceptance. In order to be considered, you **must**:

- Provide this application, **fully completed**
- Provide an attached copy of your latest 1040 income tax form (first two pages), FAFSA, or other proof of income

Once we receive your application and proof of income, we will contact you to schedule an intake appointment.

**Note: if you miss your intake appointment, you may reschedule it once. If you miss both appointments, you will no longer be considered for acceptance into our program.**

If you have any questions, contact us at the TRIO SSS office:

719-502-3222

Centennial Campus room A-130

**PART 1: PERSONAL DATA**

PPCC student ID# \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

**Address:** Street/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PPCC e-mail address: \_\_\_\_\_

(You will be contacted through your e-mail, mailing address, and phone number to notify you of upcoming events and workshops with the program)

Birth date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

**PART 2: FAMILY STATUS**

Single  Married  Divorced  Separated  Widowed

### PART 3: ETHNIC GROUP

Are you Hispanic/Latino?  Yes  No

Please select any additional ethnicities that apply:

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

### PART 4: CITIZENSHIP

Are you a U.S. citizen?  Yes  No

If "No," are you an eligible non-citizen (to learn about what this is, visit <https://studentaid.gov/help/eligible-noncitizen>)?

Yes       No      Alien Registration Number: \_\_\_\_\_

### PART 5: EDUCATIONAL INFORMATION

Are you a high school graduate?  Yes  No       GED, Year Received \_\_\_\_\_

Are you a Veteran?  Yes  No

Do you have a prior degree?  Associate       Bachelor's or higher       No

Have you been out of school for more than 5 years?  Yes  No

### PART 6: DISABILITY VERIFICATION

Do you have any **documented** physical and/or learning disabilities?  Yes  No

### PART 7: FIRST-GENERATION VERIFICATION

What is the highest level of education obtained by your parents?

**Mother:**

- Not a high school graduate       Some college, but did not complete degree       Bachelor's degree or higher  
 High school diploma or GED       Associate degree       Unknown

**Father:**

- Not a high school graduate       Some college, but did not complete degree       Bachelor's degree or higher  
 High school diploma or GED       Associate degree       Unknown

### PART 8: OTHER PROGRAM PARTICIPATION

Are you currently a participant in any of these other PPCC TRIO programs?

- Educational Opportunity Center       Veterans Upward Bound

## PART 9: FINANCIAL AID STATUS

- I have applied for financial aid.  I have not applied for financial aid.
- I have been approved for financial aid.  I have not heard from the financial aid office.
- I am on financial aid probation or suspension.

## PART 10: PARTICIPANT AGREEMENT & RELEASE OF INFORMATION

I understand that application into this program **does not assure acceptance** into the program. \_\_\_\_\_ (initial)

I understand that I must maintain a **minimum** GPA of 2.0 to remain a participant in this program. \_\_\_\_\_ (initial)

I authorize the TRIO Student Support Services (TRIO/SSS) staff to gather information concerning all my academic progress (placement test scores, GPA, earned credits, transcripts, tutoring, etc.) and financial aid status prior to my acceptance in the program. \_\_\_\_\_ (initial)

I agree to attend the next scheduled **TRIO/SSS Conference** within the first year of joining the program. \_\_\_\_\_ (initial)

As a participant in this program, I understand that I will be required to have three TRIO "contacts" (meetings with a TRIO advisor and/or TRIO-facilitated workshops and activities) every semester that I am taking classes. \_\_\_\_\_ (initial)

I am aware that personal information provided to the TRIO/SSS will be protected under the Federal Education Rights & Privacy Act (FERPA) of 1974. **I authorize TRIO/SSS to use my image or likeness on social media and other forms of media.** \_\_\_\_\_ (initial)

## AFFIDAVIT OF TRUTH STATEMENT

The information provided on this form is, to the best of my knowledge, accurate and true.

I understand that this authorization is valid for the duration of my enrollment as well as for five (5) years after I cease to be enrolled as a student.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_