

Washington County Community College · TRIO Program Intake

This Intake Form helps us assess your eligibility and academic need for participation in this program. Please see a TRIO team member if you have any questions concerning the questions below.

<p><u>Student Information</u> Name: _____ Male <input type="checkbox"/> or Female <input type="checkbox"/> DOB: _____ Mailing Address: _____ _____ Phone number: _____ SSN: _____ Off-Campus E-mail: _____ Are you a U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> Is English your first language (OPTIONAL) _____ If "No," what is your first language _____ Anticipated Graduation Date: _____</p>	<p><u>Transfer Within WCCC</u> <input type="checkbox"/> I am currently an Associate of Arts student and I plan to apply to the _____ here at WCCC.</p> <p align="center"><u>Transfer Outside WCCC</u></p> <p><input type="checkbox"/> I want to transfer to _____ (4-yr. College/university) <input type="checkbox"/> Please contact me ASAP with transfer assistance. <input type="checkbox"/> Please have the 4-yr. college/university listed above send me information (i.e. Catalogue, application, etc.)</p>
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Which credential are you here for? (Circle one): ASSOCIATES DEGREE, DIPLOMA, CERTIFICATE

What program/programs are you enrolled in? _____

ELIGIBILITY ASSESSMENT:

- Did one of your parents or guardians with whom you live or lived, GRADUATE from a 4-year college?
 Yes No, neither graduated from a 4-year college.
- Do you have a disability? (OPTIONAL) Yes No
- Do you receive Federal and/or State Financial Aid? Please check all that apply:
 Pell Grant Student Loans MSISP Grants Scholarships
- Are you paying for your education? (i.e. you have no other financial support)
 Yes No
- Have you requested tutorial assistance in a course? Please list the course(s):

GENERAL INFORMATION

Why have you chosen to attend college at this time? _____

How important do you feel it is to complete your degree? (Please circle your choice) **1**-not very important; **2**-somewhat important; **3**-unsure; **4**-important; **5**-very important

What do you feel may be an obstacle or a difficulty to completing your program?

To the best of my knowledge, the above information is correct. I authorize TRIO staff to obtain and verify any and all pertinent information needed to verify my TRIO eligibility.

WCCC Information Release

The release form enables the WCCC TRIO Program to obtain data from the WCCC student information system, financial aid records, grade reports, and documentation of a disability for the purposes providing academic support services, reporting program statistics, and determining eligibility for additional federally funded services. Information regarding your eligibility and the nature of your participation in the program may be shared with other University/College and/or U.S. Department of Education personnel in accordance with federal regulations and College policy. You have access to all of your records in the program.

Signature _____ **Date** _____ **SSN** _____

OFFICE USE ONLY

INCOME ELIGIBILITY:

Student Taxable Income For independent students only	
Parent Taxable Income (If student is dependent)	
Number in Household	

ENROLLMENT INFORMATION:

Student enrolled in Program: ____ Yes ____ No
Eligibility: (1) F/L (2) L (3) F (4) D (5) D/L
Project Director's Initials: _____

ENTRY INFORMATION:

Project Entry Date: _____

Project ACC Date: _____

ENTRY LEVEL INFORMATION:

College Grade Level (Entry into Project): ____	College Grade Level (Current): ____
1 st Yr., Never attended (01)	1 st Yr., Never attended (01)
1 st Yr., Attended Before (02)	1 st Yr., Attended Before (02)
2 nd Yr., Sophomore (03)	2 nd Yr., Sophomore (03)

ACADEMIC NEED CODE: _____

PRIMARY TRIO TEAM MEMBER _____

INTAKE INTERVIEW CONDUCTED (DATE): _____

Date	Contact Notes