



Seward County Community College TRiO/Student Support Services (SSS) Application



1801 N. Kansas Ave., Box 1137

Liberal, KS 67901

TRiO Main Office: (620) 417-1606

The TRiO Student Support Services Program at Seward County Community College is an academic assistance program funded by the U.S. Department of Education. All students selected for the program must be U.S. Citizens or permanent residents that demonstrate an academic need AND are one of the following: first-generation, low-income, and/or students with a disability. These students will be offered academic development opportunities, assistance with meeting basic college requirements, and support to motivate them towards the successful completion of their postsecondary education. It is expected that program participants meet with their TRiO/SSS advisor and engage in a program activity at least 2 times a semester. Fields with an * are required fields. Incomplete applications will not be accepted. All information will be kept confidential in accordance with the Federal Educational Rights and Privacy Act (FERPA).

*Name (First, Middle Initial, Last): _____ *800#: _____

*Social Security#: _____ Gender: _____ *Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ *Cell Phone: _____ *Can we text you: _____

*SCCC Email:(firstname.lastname@g.sccc.edu): _____

Personal Email: _____

*Which is the best way to reach you: phone call, text message, mail, or email – SCCC or Personal email): _____

*Ethnicity: Hispanic – Cuban, Mexican, Puerto-Rican, or from South or Central America: _____

*Race: (please check all that apply)

American Indian or Alaska Native Asian Black or African-American

Hawaiian Native/Pacific Islander White

*Are you a U.S. Citizen: _____ or Permanent Resident(If yes, please provide your A#): _____

*High School Diploma: or GED: Graduation Year: _____ or Last Grade Completed: _____

Name of High School or GED Center: _____ City: _____ State: _____ Zip: _____

Have you attended a college other than SCCC/ATS: If yes, where: _____

*What is your career/degree goal at SCCC/ATS: _____ Undecided:

*Do you plan to transfer to a four-year institution: _____ If yes,where: _____

Are you homeless: _____ Are you in foster care: _____ Are you a U.S. Veteran: _____ Currently Enlisted: _____

*Do you live with your parent(s): _____ Do you live in a single parent household(If so, which parent): _____

*Do you live with a guardian: _____ Did you live with a guardian before the age of 18: _____

*Does your mother have a 4-year college degree: _____ Are you married: _____

*Does your father have a 4-year college degree: _____ Do you have children: _____

*Do you have a documented disability: _____ What disability: _____

*If receiving assistance or accommodation, is it documented with SCCC/ATS Disability Services Coordinator? _____

*What TRiO/SSS services are you interested in (please check all that apply):

Academic Advising: Career Advising: Cultural Events: Financial Aid Assistance:

Financial Management: Job Seeking/Resume/Interview: Laptop/Calculator Loan:

MyCampusPortal Assistance: Personal Counseling: Study Skills: Transfer Assistance:

Test Taking: Time Management: Writing Skills: Other:

Tutoring (please list the subject you need help with): _____

**This form contains confidential information. Access to this form by anyone other than the intended is unauthorized. If you are not the intended recipient (or responsible for delivery of the form to such person) you may not use, copy, distribute or deliver to anyone this form or any parts of its content. If you have received this form in error, please notify TRiO immediately and delete this application from any device. Our program cannot accept responsibility for any loss or damage arising from the misuse of this e-mail or attachments.

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Income Verification Form

| | |
|---|---|
| <p style="text-align: center;">INDEPENDENT STUDENT</p> <p style="text-align: center;">You are considered an INDEPENDENT STUDENT if:</p> <p style="text-align: center;">You are married and/or You have children, and/or You are 24 years or older and/or You have served in the Military.</p> | <p style="text-align: center;">DEPENDENT STUDENT</p> <p style="text-align: center;">Even if you don't live with your parents and/or file your own taxes, you are considered a DEPENDENT STUDENT, if you don't meet the criteria to be an independent student.</p> |
|---|---|

If you are a Dependent Student, you will need to reference your PARENT(S) 2018 Tax Information and have your PARENT(S) sign this form. Independent Students use your own 2018 Tax Information and sign this form.

*Student's or Parent's (for Dependent Students):

*First Name: _____ *Last Name: _____

*Number of people living in the household: _____

*(If you don't live with your parents, but you are a **Dependent Student** and are using your parent's tax information, include yourself as a member of the household.)

***2018 TAXABLE INCOME:** _____ (NOT Adjusted Gross Income AGI.)

TAXABLE INCOME can be found on the copies of 2018 tax return, **FORM 1040 – Line 10.**

An example copy of a tax return is provided below.

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| | | |
|------------------|---|-------------------------|
| Form 1040 (2018) | | Page 2 |
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 63,251 |
| | 2a Tax-exempt interest | 2b Taxable interest |
| | 3a Qualified dividends | 3b Ordinary dividends |
| | 4a IRAs, pensions, and annuities | 4b Taxable amount 1,709 |
| | 5a Social security benefits | 5b Taxable amount |
| | 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 64,960 |
| | 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 64,960 |
| | 8 Standard deduction or itemized deductions (from Schedule A) | 8 24,000 |
| | 9 Qualified business income deduction (see instructions) | 9 |
| | 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 40,960 |
| | 11 a Tax (see instr.) 4,536 (check if any from: 1 Form(s) 8814 2 Form 4972 3) | 11 4,536 |

My signature below verifies that all the information provided on this application is true and accurate to the best of my knowledge. I also give authorization for TRiO/SSS to obtain and review any academic and financial documents needed to complete the application process.

*Student or Parent(s) Signature: _____ Date: _____

Please complete, print and mail to or drop off at TRiO Office.

You may also Fax with a Confidential Cover Page to 620-417-1079. Attention: TRiO Dept.

If you have any questions, contact: Angie Stapleton at 620-417-1606 or angie.stapleton@sccc.edu