

Application

Section I: Personal Data

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State/Zip _____

Student ID _____ Home Phone () _____ *Cell Phone () _____

Personal Email (print clearly) _____

Date of Birth (MM/DD/YY) _____

What is your preferred method of communication? (please check all that apply)

Home Phone Cell Phone College Email Personal Email Text to Cell

Gender: Male Female

My Social Security Number is on file with the Registrar's Office. Yes No
(if not, please provide a copy of your SS card)

Are you of Hispanic or Latino descent? Yes No

What is your race:

American Indian/Alaskan Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Black/African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Native Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
White	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a US citizen or permanent resident? Yes No

Have you completed a college Certificate, Associate Degree (2 years), Bachelor's Degree (4 Years) or beyond?

Yes No (if yes, please list those earned) _____

Referral: How did you learn about TRiO? _____

Section II: Eligibility – First Generation

1. With whom did you live while you were a teenager? (up to 18 years of age)

Both Parents Mother Father Relatives Other: _____

2. Indicate the highest level of education completed by your parents/guardian(s):

Mother: High School or Less Some College Bachelor's Degree (4 years) or higher

Father: High School or Less Some College Bachelor's Degree (4 years) or higher

Guardian: High School or Less Some College Bachelor's Degree (4 years) or higher

Section III: Eligibility – Income

1. Were you born before January 1, 1994? Yes No
2. Are you married? (also answer “Yes” if you are separated but not divorced) Yes No
3. Do you have legally dependent children, or other persons claimed as dependents (besides a spouse), who are living at home with you? Yes No
4. At any time since you turned age 13: were both your parents deceased, or were you in foster care, or were you a ward of the court? Yes No
5. Are you or have you ever been determined to be an emancipated minor, or have you ever had a court-appointed legal guardian other than your parent or stepparent? Yes No
6. Are you under age 24, deemed an unaccompanied youth without parental involvement, and homeless (you lack a fixed, regular, and adequate nighttime residence); or are you under 24, self-supporting without parental involvement, and at risk of being homeless? Yes No
7. Are you a US Armed Forces veteran or currently serving on active duty for other than training purposes? Yes No

If you answered **yes to any** of the questions above, **check this box** . You are an **INDEPENDENT STUDENT**. Please answer **questions 8 and 9** below with information from **YOUR 2017 tax return**.

Check this box if you are an **INDEPENDENT STUDENT**, but DID NOT file 2017 taxes. Using this information along with the directions and chart found on page 3, please determine your income eligibility status. Then **check the appropriate statement and sign beneath it to verify that the information is complete and accurate**.

If you answered **no to all** of the questions above, **check this box** . You are a **DEPENDENT STUDENT**. Please answer **questions 8 and 9** with information from **YOUR PARENT(S)' 2017 tax return**.

Check this box if you are a **DEPENDENT STUDENT**, but your parent DID NOT file 2017 taxes. Using this information along with the directions and chart found on page 3, please have your parent(s) determine your income eligibility status. Then have them **check the appropriate statement and sign beneath it to verify that the information is complete and accurate**.

8. What was your / your family's **TOTAL taxable income for 2017**? \$ _____

For 2017 IRS form:

- 1040 take this information from **line 43**
- 1040A take this information from **line 27**
- 1040EZ take this information from **line 6**.

9. How many people, including you, were claimed as exemptions for 2017? _____

For 2017 IRS form:

- 1040 take this information from **line 6d**
- 1040A take this information from **line 6d**
- 1040EZ take this information from **line 5**.

Using this information, along with the directions and chart found on page 3, please determine your income eligibility status. Then **check the appropriate statement and sign beneath it to verify that the information is complete and accurate**.

Federal TRIO Programs: Low Income Eligibility Levels

(effective January 31, 2018 until further notice)

Size of Family Unit	48 Contiguous States, DC And Outlying Jurisdictions	In Alaska	In Hawaii
1	\$18,210	\$22,770	\$20,940
2	\$24,690	\$30,870	\$28,395
3	\$31,170	\$38,970	\$35,850
4	\$37,650	\$47,070	\$43,305
5	\$44,130	\$55,170	\$50,760
6	\$50,610	\$63,270	\$58,215
7	\$57,090	\$71,370	\$65,670
8*	\$63,570	\$79,470	\$73,125

*See US DOE Chart for more than 8

If the **TOTAL taxable income for 2017 is GREATER THAN** the dollar amount shown for **Your Family Unit's Size** in the chart above:

the **statement below** must be checked and a signature must be provided by the student (if student is independent); or by the parent/guardian (if student is dependent).

My family does not meet the requirements for low income status.

Student Signature (required for independent status)

Parent Signature (required if student is dependent)

If the **TOTAL taxable income for 2017 is LESS THAN OR EQUAL TO** the dollar amount shown for **Your Family Unit's Size** in the chart above:

the **statement below** must be checked, the accompanying statement must be completed, and a signature must be provided by the student (if student is independent); or by the parent/guardian (if student is dependent).

My family meets the requirements for low income status.

I, _____, verify that my family taxable income for the year 2017 is within the guidelines for low income eligibility (150% of the federal poverty level as published in the Federal Register) for the United States Department of Education TRIO Programs.

Student Signature (required for independent status)

Parent Signature (required if student is dependent)

10. Do you/your parents receive state or federal assistance? (TANF, Social Security, SNAP Food Stamps, etc.)

Yes No (if yes, please list type of aid received) _____

11. Have you applied for financial aid?

Yes No

Have you applied for and received student loans?

Yes No

Get Help Paying for College

Submit a Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov

NOTE: Completion of the Free Application for Federal Student Aid (FAFSA) is required of all applicants to assist with determining eligibility.

Section IV: Eligibility – Disability

1. Do you have a documented learning or physical disability? Yes No
2. If yes, have you provided documentation to the Disability Resource Center (DRC)? Yes No

NOTE: Documentation for services through the DRC is required of all applicants who designate a disability in this section to assist with determining eligibility.

Section IV: Academic Need

1. Have you been out of school for 5 or more years? Yes No
2. Have you ever been on academic probation or suspension? Yes No
3. Have you ever received a failing grade? Yes No
4. Did you earn a high school diploma GED
 HiSET
5. Are you undecided about a major and/or your career goals? Yes No
6. Did a counselor or teacher recommend tutoring for you? Yes No
7. Are you in need of ESOL services?
(English for Speakers of Other Languages) Yes No

Section IV: Educational Goal

1. What is your educational goal? Associate Certificate Transfer Only Associate & Transfer

Section IV: Personal Needs Assessment

Check all of the following services that may interest and/or benefit you while attending Berkshire Community College:

Advising:

- Academic Advising/Registration Assistance
- Financial Aid Application Assistance
- Assistance with Scholarship Search
- Career Exploration/Advising
- Individual Support/Monitoring

Tutoring:

- English
- Communications
- Math
- Science

Transfer Planning:

- College Transfer Information
- College Application Advice
- College Visits

Workshops:

- Time Management
- Study Skills
- Test Taking Strategies/Anxiety Reduction
- Financial Literacy/Money Management

Section V: Release

I authorize release of information from my financial and/or academic record as requested by the TRiO Program or as needed by Federal, State or Financial Aid organizations for any legitimate purposes. I also authorize the TRiO staff to verify disability documentation with the Coordinator of the Disability Resource Center, if applicable. I understand this any related information will remain confidential and will be used only to:

- 1) establish eligibility for special services;
- 2) assess my academic progress and need for services;
- 3) meet program and federal reporting requirements;
- 4) obtain admissions/transfer information;
- 5) obtain college/university-tracking information.

I understand that TRiO's purpose is to increase the retention, graduation, and transfer rates of program members, and agree to participate in related services until I meet my educational goals.

Student Signature _____ **Date** _____

If indicated by checking "Yes" to texting in the Personal Information section earlier in this application, I also authorize the TRiO program to contact me by cell phone using text messaging technology that will allow me to receive important information in a timely fashion. This may include email-to-text messaging that requires knowledge of my cell phone provider's company name to properly address the message to me. I realize that text messaging rates may apply to any messages from TRiO and agree not to hold the program or college liable for any electronic messaging charges or fees generated by texting.

Cell Phone Provider _____ **Cell Phone ()** _____

Student Signature _____ **Date** _____

PLEASE RETURN THIS APPLICATION TO TRiO IN FIELD - 237

Following review, we will send you a letter by USPS First-Class Mail notifying you of your acceptance status.

**TRiO Student Support Services is funded by a grant from the
US Department of Education.**

All participants must meet eligibility criteria before services are rendered.

All information is kept confidential.

Statement of Non-Discrimination: Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, genetic information, maternity leave, and national origin in its educational programs or employment pursuant to Massachusetts General Laws, Chapter 151B and 151C, Title VI, Civil Rights Act of 1964, Title IX, Education Amendments of 1972, Section 504, Rehabilitation Act Of 1973; the Americans with Disabilities Act, and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX), and Part 104 (Section 504). All inquiries concerning application of the above should be directed to Deborah Cote; Director of Human Resources, Affirmative Action Officer, and Coordinator of Title IX and Section 504; located in the Susan B. Anthony Center Annex, Room A21, at 413-236-1022. The Commonwealth of Massachusetts Community Colleges' *Affirmative Action Plan*, which is available in the Human Recourses Office, contains a full explanation of this specific policy.

Accepted Date _____ **Staff Signature** _____