TRIO Student Support Services Application/Eastern Gateway Community College (Please Print)

Social Security#:		_				
First Name	M.I.	L:	ast Name			
Date of Birth:/_	_/ Today's Date:	//_Co	llege Entrance Da	ite://		
Gender: Male Fen	male US Citizen:	YesNo				
· -	Choose a number from american, 4 Hispanic or e reported					
College Grade Level:	1 st year, never att 1 st year, attended 2 nd year, sophom	college class	es before	ed)		
Major:		Email	Address:		@	
	reet)	Perm	anent Address: _		reet)	
	(City)	(State)	(Zip Code)	(City)	(State) (Zip	Code)
Local Phone: ()			Permanent P	hone:()	
	es, what is your (or your lingle head of household	r Parents) sta	ndard deduction?		lants, Joint, No	
Do you need any type Do you have a docum (Disability may be en Do you have a high so Expected date of grad Highest level of educa	on nrents completed a Bach e of academic support for nented disability? Y notional, mental, and phe chool diploma or GED? duation from EGCC? _ ation desired? Two year u considering when leav	or college suc N	cess? (Ex, Tutoring) include learning Diploma GF Four year d	ng, mentor, advisin disabilities. If yes, ED Neither of	please provide docum - her	
Support Services and including Financial A and degree and grade	ne release and receipt of I/or Student Support Ser Aid, Registrar, and Disal e information listed in T est of my knowledge and	rvices Couns bility Service 'RIO SSS nev	elors to Eastern G s offices for officia vsletter. The infor	ateway Communit al use. I also conser mation is also relea	y College faculty and nt to grade report mon ased to the U.S. Depar	staff nitoring
Student Signature _				Date		
Counselor Signature				Date		
Director Signature _				Date		

Student Support Services is a TRIO Program 100% funded by the U.S. Department of Education. The 2015 – 2016 grant award is \$238,045.