

General Information

Name: _____
Last First M.I.

Date of Birth: ____/____/____ Gender: Male Female Student ID Number: _____
(month/day/year)

Email Address: _____ Cell/Current Phone Number: _____

Current Mailing Address: _____
Street Address City State Zip

Are you a United States citizen? : Yes No If not a citizen, are you a permanent resident? Yes No

Ethnicity: Asian Hispanic or Latino American Indian or Alaskan Native
 White Black or African American Native Hawaiian or other Pacific Islander

Educational Data

Do you hold a high school diploma? Yes No Date diploma earned: _____

Do you hold a GED certificate? Yes No Date GED certificate earned: _____

High School or College GPA: _____

Please request a copy of your high school diploma or GED be sent to the Northeast Admissions Office
(Office) 402-844-7260 (fax) 402-844-7396 admissionsandregistration@northeast.edu

Program of Study/Major: _____ Career Goal: _____

Do you plan to transfer to a 4-year school to complete a bachelor's degree? Yes No

Have either of your parents received a 4-year degree from a college or university? Yes No

Are you a transfer student? Yes No If yes, which college did you transfer from? _____

Medical Data

Do you have a documented physical, mental, learning, or emotional disability? Yes No

Have you completed a Northeast Disability Services Request for Accommodations form? Yes No

Income Eligibility

Student Status: Answer the following questions regarding **Dependent** or **Independent** Status

- ★ Were you born before January 1st, 1999? Yes No
- ★ Are you a veteran of the US Armed Forces or Coast Guard? Yes No
- ★ Are you married? (answer YES, if you are separated but not yet divorced) Yes No
- ★ Are you, or prior to age 13, were you a ward of the court or an orphan? Yes No
- ★ Do you have legal dependents (other than a spouse) who receive more than half of their support from you? Yes No
- ★ Have been approved for Independent status by a financial aid administrator? Yes No

* If you checked "YES" to **one or more** of the boxes above, complete the following information in **Section A. INDEPENDENT STUDENT**

* If you checked "NO" to **ALL** of the boxes above, complete the following information in **Section B. DEPENDENT STUDENT**

Note: Only fill out one of the sections below.

Section A. INDEPENDENT STUDENT:

* # of people in **your** household (including yourself): ____

* **Check ONE of the boxes below** that matches your actual or estimated Taxable Income from 2020 tax return (IRS Form: 1040 line 10)

- Did NOT files taxes
- Below \$20,385
- \$20,385 - \$27,465
- \$27,465 - \$34,545
- \$34,545 - \$41,625
- \$41,625 - \$48,705
- \$48,705 - \$55,785
- \$55,785 - \$62,865
- \$62,865 - \$69,945
- \$69,945 - and above

Student Signature

Date

SECTION B. DEPENDENT STUDENT:

of people in **parent's** house (including yourself): ____

* **Check ONE of the boxes below** that matches your actual or estimated Taxable Income from 2020 tax return (IRS Form: 1040 line 10)

- Did NOT files taxes
- Below \$20,385
- \$20,385 - \$27,465
- \$27,465 - \$34,545
- \$34,545 - \$41,625
- \$41,625 - \$48,705
- \$48,705 - \$55,785
- \$55,785 - \$62,865
- \$62,865 - \$69,945
- \$69,945 - and above

Parent Signature

Date

Release of Information

Please initial prior to each bulleted statement to demonstrate your understanding and agreement:

_____ I understand the information on the TRIO/SSS application and in my TRIO/SSS file, excluding any clinical mental health and disabilities accommodation information, may be provided to Northeast Community College staff on a need to know basis.

_____ I grant the Northeast Community College Disability Services Office permission to provide acknowledgment of my documented disability (if applicable), in order to verify my qualification for the TRIO/SSS program.

_____ I understand that once I become a TRIO/SSS program participant, my student progress and program eligibility information will be reported to the U. S. Department of Education to demonstrate program effectiveness, which will be used by the Department of Education when determining renewed funding.

_____ I certify that all information provided in this application is correct to the best of my knowledge.

This release is valid until I am no longer a member of TRIO/SSS at Northeast Community College.

Student Name (Please Print)

Student Signature

Date

Mail this completed TRIO/SSS application to:

TRIO/SSS Director
Northeast Community College
PO Box 469
Norfolk, NE 68702-0469

Or you may drop off the application at the College Welcome Center TRIO Office -room 1284.

For questions, please call 402-844-7738 or email TRIO@northeast.edu.