



Student Support Services Application

Name: _____ Last First MI	
Mailing Address: _____ Street Apt# City State Zip	
Social Security# _____ PSCID# _____ DOB _____ Email _____ Phone _____ Alt. Phone _____ Gender (select one): _____ Referred by _____	Please check all that apply: <input type="checkbox"/> Neither of my parents has graduated from a four-year college/university. <input type="checkbox"/> I have a documented learning/physical disability. <input type="checkbox"/> English is my second language
Citizenship Status (documentation required): US Citizen Registered Alien # _____	Ethnic Identity: <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic : If chosen, please check a second race you identify with _____ Other: _____
Financial Aid: FAFSA submitted If yes, date submitted: _____ Financial Aid received at PSC (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Pell <input type="checkbox"/> Bright Futures <input type="checkbox"/> Scholarship(s)	Current class level: <input type="checkbox"/> Freshman (1st year) <input type="checkbox"/> Freshman (less than 30 credits) <input type="checkbox"/> Sophomore (30+ credits)
Are you (check all that apply) <input type="checkbox"/> Under age 24?* <input type="checkbox"/> Married? <input type="checkbox"/> Veteran? <input type="checkbox"/> An orphan or ward of the court (until age 18)?	When do you plan to graduate? Term (Fall, Spring) _____ Year _____ Year _____ Where do you want to transfer once you graduate? _____ I am planning to major in: _____
You must provide the previous year's tax information at the time of application. * If under age 24 and none other apply, you must also provide your parents' tax information.	
By signing, I agree under penalty of perjury, that the above information is true and correct, and that all supplemental materials submitted verifying my program eligibility are genuine. Additionally, I give permission for TRiO SSS program staff to discuss (individually or as a team) my academic, disciplinary and disability records (if applicable) with professors, administrators and advisors for the purpose of improving my chances of graduating and securing a successful transfer to a 4-year institution. I also understand that my photo or likeness may appear in SSS printed materials or web publications.	
Signature: _____	Date: _____

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services and activities.

Supplemental Student Support Services Application

Answers to the following questions will assist us in determining your motivation and level of preparation to succeed in college. Please answer the following questions thoroughly and thoughtfully.

1. What are your academic goals?

2. Describe your need for supportive services offered through TRiO Student Support Services. Please tell us what you need/expect from the program, and what you are willing to do to partner with us to assist you in meeting your needs.

3. Describe any circumstances that might prevent you from reaching your academic, personal or career goals, and tell us how our program can assist you with overcoming these obstacles.

Office use only: Wait Decline Pending Accept

__ LI & 1G __ 1G __ LI __ D& LI __ D

_____ Inst. entry date _____ Project entry date _____ DOFS

Director's Signature

Date

Please mail or deliver completed applications to
TRiO Student Support Services WAD 167
Polk State College
999 Avenue H, NE Winter Haven, FL 33881

Polk State College Lakeland
LTB 1277
3425 Winter Lake Road
Lakeland, Florida 33803

**Federal TRIO Programs
2019 Annual Low Income Levels**

****Trio Student Support Services requires a copy of the family unit's current tax filing with submission of application****

Please do not forget to attach you or your parents Federal Income Tax Returns, this will expedite the processing of the application form

(Effective January 11, 2019 Until Further Notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$18,735	\$23,400	\$21,570
2	\$25,365	\$31,695	\$29,190
3	\$31,995	\$39,990	\$36,810
4	\$38,625	\$48,285	\$44,430
5	\$45,255	\$56,580	\$52,050
6	\$51,885	\$64,875	\$59,670
7	\$58,515	\$73,170	\$67,290
8	\$65,145	\$81,465	\$74,910

For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620 for Hawaii.

I hereby certify, under penalty of perjury, that my family income

(Select one) **does** **does not**

exceed the levels listed above based on the size of my family unit. I understand that my family unit includes myself, my spouse (if applicable) and my dependents. I understand that if I am not married, under the age of 24, not in the military or do not have any dependents of my own, that my family unit includes myself, my siblings (if any) and my parent(s) from whom I received the most support prior to the age of 18. If I am a ward of the court, my family unit includes only myself.

I also understand that this is a federally funded program, and that this information is subject to review by Federal authorities if the SSS program to which I have applied is audited, and I will be held responsible for the certification made by my signature. I affirm that this information is true and accurate to the best of my knowledge.

Printed name: _____

PSC ID: _____

Student Signature

Date

Parent/Guardian Signature (if dependent student)

Date