



STUDENT SUPPORT SERVICES

North Shore Community College TRIO/SSS Application

PLEASE PRINT

Student ID: # N00 _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone 1(home): () _____ Phone 2(cell): () _____

NSCC E-mail: _____@northshore.edu Personal E-mail: _____

Date of Birth: ____/____/____ Age _____

Gender: ___ Male ___ Female Ethnicity: Hispanic/Latino ___ Yes ___ No

Race: ___ American Indian/Alaskan Native ___ Asian ___ Black/African American

___ White ___ Native Hawaiian /Other Pacific Islander

High School Attended: _____ High School GPA (if known): _____

Year of High School Graduation: _____ OR Year of GED/HiSET Completion: _____

How did you hear about the TRIO Program?

___ Veterans Center ___ NSCC Event ___ Admissions Office ___ Financial Aid Office
___ NSCC Faculty/Staff ___ ETS/EOC/UB ___ Friend/Sibling ___ Early College Program

Do you plan to attend NSCC as a full-time day student enrolled in at least 12 credits per semester? ___ Yes ___ No

What is your intended major? _____

Do you plan to earn an Associate's Degree from NSCC? ___ Yes ___ No

Do you plan to transfer to a 4-year college? ___ Yes ___ No

Which campus do you plan to attend? ___ Lynn ___ Danvers ___ Both

Have you taken the Accuplacer Placement Test? ___ Yes ___ No

Have you applied for financial aid for the current or upcoming year? ___ Yes ___ No

Did you receive a financial aid award for the current or upcoming year? ___ Yes ___ No ___ Pending

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, are you a Permanent Resident, or eligible non-citizen? Yes No

Did your mother graduate from a 4-year college (receive a Bachelor's degree)? Yes No

If yes, which college? _____

Did your father graduate from a 4-year college (receive a Bachelor's degree)? Yes No

If yes, which college? _____

With whom did you live before age 18?

Both parents Mother only Father only

Guardian(s) Other _____

Students with Disabilities

If you are a person with a disability and wish to be considered for participation in the TRIO Student Support Services program based upon your disability, you will be required to file documentation of your disability with the NSCC Accessibility Services.

Do you have a disability that has been documented with NSCC Accessibility Services? Yes No

Income: By signing below, you are giving TRIO/SSS permission to access your NSCC financial aid records, including your Student Aid Report. If this information is not sufficient to determine if you meet TRIO income guidelines, you will be required to complete the TRIO/SSS Family Income Form. You may also be required to provide a copy of your and/or your parent(s)'s signed income tax return.

Please read carefully and then sign below to acknowledge your agreement.

I authorize TRIO Student Support Services at North Shore Community College to gather information concerning my academic progress (standardized test scores, grade point average, transcripts, etc.), financial aid status, and verification of documented disability prior to and during my participation in TRIO. I understand that this information is used to help determine my TRIO eligibility and kept strictly confidential. I grant permission for TRIO/SSS to gather information for follow-up whenever appropriate, including but not limited to my transfer to and progress at 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I am aware that personal information provided to NSCC TRIO/Student Support Services will be protected under the Federal Educational Rights & Privacy Act (FERPA).

Student's Signature: _____ Date: _____

Please return completed form to:

TRIO Student Support Services • North Shore Community College • 1 Ferncroft Road • Danvers, MA 01923

You may also drop the form off at the TRIO office on either campus, or call with any questions.

Lynn: Room LW165 - (781)593-6722, ext. 6626

Danvers: Room DB104 - (978)739-5439

For Office Use:

Date Received: _____

Received by: _____

Contact Date: _____