

TRiO Student Support Services

Working together to enhance & support educational access, diversity & excellence

Bellevue Community College Program Application

The following information is requested to determine your eligibility for program services. Please answer each question. This information will be kept confidential and used only as outlined in the participant agreement.

Date: _____

Personal Information

SS# : _____ BCC Student ID# : _____

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Home phone: _____ Work phone: _____

Cell/pager: _____ Email: _____
(TRIO SSS participants will be automatically added to a TRIO distribution list)

Birth date: _____ Gender: Male Female

What is the Ethnic group with which you most identify? (please check one)

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian, other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multi-racial (more than one race) |
| <input type="checkbox"/> Hispanic or Latino | |

Are you a U.S. citizen: Yes No Permanent resident? Yes No Registration #: A- _____

Is English your first language? Yes No What is your first language? _____

Program Eligibility

Your Family's taxable income for last year _____ Family size reported: _____

Are you receiving federal financial aid? Yes No Are you: dependent or independent

Are you a first-generation college student (neither parent or guardian(s) has completed a four-year college degree)?
 Yes No

Do you have a documented learning disability?
 Yes No If yes, please describe: _____

Do you have a documented physical disability?
 Yes No If yes, please describe: _____

If you answered yes to either question above, are you working with a BCC disabilities specialist? Yes No

Are you a veteran? Yes No Are you receiving veteran's benefits? Yes No

Educational History

What is the DATE you first enrolled at Bellevue Community College (mm/dd/yyyy)? _____

What is your current grade level? First year (never attended college before BCC - Freshman)
 First year (some college credit from another school - Freshman)
 Second year (at least 45 credits – Sophomore)

Is this your FIRST college experience? Yes No

If No, What other college(s) have you attended? _____

How many credits are you taking THIS quarter? _____ How many quarters have you COMPLETED at BCC? _____

Current College Enrollment Status: Full-time Part-time

Are you a high school graduate? Yes No HS Graduation YEAR? _____

What is the highest grade you completed? _____ What YEAR did you last attend school? _____

Did you finish a GED or HS completion program? Yes No If Yes, YEAR completed? _____

Educational Goals

What is your major? _____

What are your educational goals? _____

What degree are you seeking here at Bellevue Community College?

Associate (2 year degree or program) Certificate (less than 2 years)

Do you plan to transfer to a FOUR-YEAR College or University? Yes No

Expected Transfer or Grad. DATE (mm/dd/yyyy): _____ Intended Transfer Institution: _____

Support Needs

How can the TRIO Student Support Services Program best support your educational goals?

Please check all that apply:

<input type="checkbox"/> Academic Advising	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Career Development/Advising
<input type="checkbox"/> Cultural Activities	<input type="checkbox"/> ESL Services	<input type="checkbox"/> Financial Aid Advising
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Personal Development/Support
<input type="checkbox"/> Study Skills	<input type="checkbox"/> Transfer Advising	<input type="checkbox"/> Other: _____

How did you find out about the TRIO Student Support Services Program? _____

Affidavit of Truth Statement

The information provided on this form is, to the best of my knowledge, accurate and true.

Student's signature: _____ Date: _____

Director/Educational Planner signature: _____ Date: _____