



Student Support Services (SSS) Application



DEMOGRAPHIC INFORMATION

Name:		DOB: / /									
GCSC ID (A#):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other									
Address:											
City:		State:	Zip:								
Cell:		Can we text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other phone:								
GCSC Email:		@my.gulfcoast.edu									
Ethnicity: (indicate all that apply) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> Black or African-American</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Native Hawaiian or other Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Two or more races, Non-Hispanic</td> <td><input type="checkbox"/> Race or Ethnicity Unknown</td> </tr> </table>				<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Two or more races, Non-Hispanic	<input type="checkbox"/> Race or Ethnicity Unknown
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<input type="checkbox"/> Two or more races, Non-Hispanic	<input type="checkbox"/> Race or Ethnicity Unknown										

ELIGIBILITY

Are you a citizen or national of the United States *or* do you meet the residency requirements for Federal student financial assistance? Yes No *(If you are unsure, please consult with an SSS Staff member.)*

Prior to 18, which parent(s) did you live with & receive support? Neither Mother Father Both

Does either parent have a baccalaureate (4-year) degree? Neither Mother Father Both

Do you have a documented disability? Yes No Are you registered with GCSC’s SAR Office? Yes No

Is English your first language? Yes No—if not, what is your native language? _____

Number of people in your household (i.e., “family unit)? _____

What is your family’s taxable (not total) income from the last calendar year? (Please mark one response)
 Note: taxable income (Adjusted Gross Income) can be found on the federal income tax return (IRS Form 1040, line 11; on IRS Form 1040A, line 11; IRS Form 1040EZ, line 11). Effective January 11, 2024 or until further notice:

\$22,590 or less \$22,591-\$30,660 \$30,661-\$38,730 \$38,731-\$46,800

\$46,801-\$54,870 \$54,871-\$62,940 \$62,941-\$71,010 \$71,011-\$79,080 \$79,081 or more

Do you qualify for the Pell Grant (which requires a FAFSA)? Yes No Don’t know or Haven’t applied

EDUCATION & WORK STATUS

High School/GED Graduation Month & Year: /	High School Attended:
Current GCSC Grade Level: <input type="checkbox"/> Freshman (0-30 credit hours)	<input type="checkbox"/> Sophomore (31-60 credit hours)
GCSC Major / Program of Study:	
Have you attended another college or University? <input type="checkbox"/> Yes—What college? _____	<input type="checkbox"/> No
Do you already have a Bachelor’s (i.e., four-year) degree? <input type="checkbox"/> Yes—Major? _____	<input type="checkbox"/> No
Do you plan to transfer to a 4-year college: <input type="checkbox"/> Yes—What college? _____	<input type="checkbox"/> No
Do you work? <input type="checkbox"/> Yes, approximately _____ hours a week at _____	<input type="checkbox"/> No
Have you ever participated in a TRiO program? <input type="checkbox"/> Yes—Name & Location of program: _____	<input type="checkbox"/> No
How did you hear about TRiO/SSS?	
How can TRiO/SSS help you this semester?	

ACKNOWLEDGMENTS (Please read and initial each statement with the 1st letters of your first & last name)

_____ I have “a need for academic support [...] in order to pursue successfully a postsecondary educational program.”

_____ I authorize Student Support Services (SSS) to gather information concerning my academic progress (e.g., standardized test scores, grade point average, earned credits, transcripts, etc.), Federal Tax Information (FTI), and financial aid awards prior to my participation and throughout my involvement in SSS. I understand that this information is used to assist in the determination of my eligibility for TRiO and it will be strictly confidential. I am aware that my eligibility, participation, and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations.

_____ I agree to provide documentation upon request to verify the information reported and I authorize the SSS Program to verify eligibility requirements with other departments on campus, such as the Financial Aid Office or Student Accessibility Resources. I am aware that the personal information that is provided to the SSS program will be protected under the Family Education Rights Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for the TRiO SSS Program, or are specifically authorized to see the information. I also agree to allow my name and/or picture to be printed in any SSS newsletter, publication or display in recognition of academic success, leadership, or graduation, including their website.

_____ **I certify that the information provided on this application is true and complete to the best of my knowledge.**

Note: My signature certifies that I am eighteen years old or older and that I have read and understood this release of information waiver.

Participant's Signature: _____ **Date:** _____ / _____ / _____

If under 24 years of age, parental signature is also required.

Parent/Guardian Signature: _____ **Date:** _____ / _____ / _____

Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Executive Director of Human Resources, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; (850) 872-3866; <https://gulfcoast.edu/equity>

OFFICE USE ONLY

Institution Entry Date: _____ / _____ / _____ Entered into BLUMEN: _____ / _____ / _____

[34 CFR 646.3\(d\)](#) Eligibility: FG LI SAR High School GPA: _____

PERT Scores: _____ Academic Standing: _____ “Underserved” SAI: _____

Decision: Admitted Waitlisted Ineligible Notified of decision via Email & Phone

Program Entry Level: 1st-Year, ‘FTIC’ 1st-Year, Attended Before 2nd-year/Sophomore Other: _____

Enrollment Status: Full-time 3/4-time 1/2-time Less-than-1/2-time GCSC GPA: _____

[34 CFR 646.3\(c\)](#) Eligibility: Academic proficient test Lack of academic preparedness Failing grades Lack of goals
 Limited English Proficiency Low admission test scores Low college grades GED
 Low high school grades Need for academic support Out of school for ≥5 years Other

Application packet scanned/uploaded into BLUMEN (i.e., Wallet): SSS Advisor/Student Contract Financial Aid Summary Academic Success Plan Class Schedule Printed SSS Agreement & Release Transcripts Printed SAR Verification Student entered into Canvas group

Notes: _____

SSS Staff Signature: _____ Date: _____ / _____ / _____