Student Support Services Application (2025-2030)

DEMOGRAPHIC INFORMATION

Name:	DOB:
GCSC ID (A#):	Gender:

Address:

City:	State:	Zip:
Cell:	Can we text? ☐Yes ☐No	Other phone:

GCSC Email: _____ @my.gulfcoast.edu

Ethnicity: ☐American Indian or Alaskan Native ☐Asian ☐Black / African-American ☐Hispanic / Latino ☐Middle Eastern / North African ☐Pacific Islander / Native Hawaiian ☐White ☐Prefer not to answer

ELIGIBILITY INFORMATION

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're 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—My native language is:

Including yourself, what is the size of your family unit (i.e., How many people reside in your "household")?

What was your family's *taxable* (not total) income from the preceding year? (Please checkmark only one response)
Note: Taxable income (i.e., "Adjusted Gross Income") can be found on a federal income tax return (e.g., Line 11a of IRS Form 1040). Effective January 13, 2026 until further notice:

☐ $23,940 or less   ☐ $23,941-$32,460   ☐ $32,461-$40,980   ☐ $40,981-$49,500

☐ $49,501-$58,020   ☐ $58,021-$66,540   ☐ $66,541-$75,060   ☐ $75,061-$83,580   ☐ $83,581 or more

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

EDUCATION & WORK INFORMATION

High School/GED Grad Month & Year: _____ / _____ High School(s) Attended:

Current GCSC Grade Level: ☐ Freshman (0-30 credit hours) ☐ Sophomore (31-60 credit hours) ☐ Other

GCSC Major / Program-of-Study:

Have you attended another college or university? ☐ Yes—What school(s) | ☐ No

Do you already have a Bachelor's (i.e., four-year) degree? ☐ Yes—Major? | ☐ No

Are you planning on transferring to a 4-year institution: ☐ Yes—Which? | ☐ No

Do you work? ☐ Yes, approximately _____ hours per week at: | ☐ No

Have you ever participated in a TRiO program? ☐ Yes—Name & Location: | ☐ No

How did you hear about TRiO/SSS?

How can TRiO/SSS help you succeed?

ACKNOWLEDMENTS

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

Disclosure of Information Protected by the Family Educational Rights & Privacy Act (FERPA) and the Higher Education Act (HEA) by GCSC to TRiO's SSS project: In compliance with the HEA (including but not limited to Sections 483 & 494) and pursuant to FERPA (20 U.S.C. § 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If a student is age 18 years or older, or is enrolled in an institution of postsecondary education, he or she is an "eligible student" and must provide written consent for the disclosure of his or her education records or personally identifiable information contained therein.

_____ I hereby agree to allow GCSC to disclose grades, transcript data, class schedules, test scores, graduation progress, admissions information, and postsecondary enrollment status to TRiO's SSS project so they can provide me with 34 CFR 646.4 services such as Academic tutoring; Advice & assistance in postsecondary course selection; Information on both the full range of student financial aid programs & resources for locating public or private scholarships; Education or counseling services designed to improve my financial & economic literacy; and Activities designed to assist me with applying for admission to & obtaining financial assistance for enrollment in a four-year program of postsecondary education. SSS staff may also access and use my GCSC educational records to complete mandatory federal Annual Performance Reporting, as required by Title IV of the HEA. *I understand that I may withdraw my written consent to disclose this information at any time by submitting a letter to TRiO@gulfcoast.edu in writing and signed.*

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

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

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

Parent/guardian signature is also required if an applicant is under 24 years of age and not otherwise independent on their Free Application for Federal Student Aid.

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

STAFF/OFFICE USE ONLY

Institution Entry Term/Date:		Entered into BLUMEN on: / /

34 CFR 646.3(c) Academic Need:	☐ Excessive Withdrawals ☐ Limited English Proficiency ☐ High School Performance	☐ Academically Unprepared ☐ Test Scores (e.g., CLT, PERT) ☐ Returning After ≥5 Years	☐ Grades / GPA ☐ Title IV S.A.P. ☐ Other:	☐ Lack of goals ☐ HS Equival.

34 CFR 646.3(d) Eligibility:	☐ First-Generation	☐ Low-Income	☐ S.A.R.

PERT Score(s):	Academic Standing:	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 ☐¾-time ☐½-time ☐Less-than-½-time	GPA:

Scanned / Uploaded into BLUMEN (i.e., Wallet):	☐ Application ☐ Advisor/Student Contract ☐ Financial Aid Summary ☐ Class Schedule	☐ Agreement & Release ☐ Transcript(s) ☐ SAR Verification, if necessary ☐ Canvas group enrollment

Notes (e.g., ranking calculation, academic support determination, low-income determination, etc.):

SSS Staff Signature: Date: