



Barton Community College TRiO Student Support Services Application

Name _____ SS# _____
First MI Last

Permanent Address _____ Student Housing Y N
Street Address City, State, Zip

Email Address _____ Home Phone # _____ Cell Phone # _____

Gender: Male Female Marital Status: Single Married Date of Birth: _____

Ethnic Origin: African American Native American White
 Hispanic Other _____ Asian/Pacific Islander

Citizenship Status: U.S. Citizen Permanent Resident International Student

What is the highest diploma/degree completed by...

Your Mother? 8th Grade High School AA/AS Bachelor's Master's Doctoral
Your Father? 8th Grade High School AA/AS Bachelor's Master's Doctoral
Your Guardian? 8th Grade High School AA/AS Bachelor's Master's Doctoral

With whom did you primarily live with before your 18th birthday? Mother Father Both Other

Family Size (include ALL family members living at home – including yourself) _____

Do you have a documented physical, mental or learning disability? Y N

Have you applied for financial aid? Y N Do you receive financial aid? Y N

Please indicate your current status.

- New student – first college attended Re-entering – former student at Barton
- Will transfer credit(s) to Barton – please list college previously attended _____
- Attended college before but will not transfer credit(s) to Barton

Do you plan to transfer to another institution?

- No, I do not plan to transfer
- Yes, I plan to transfer to a 4-year school **after** graduation
- Yes, I plan to transfer to a 4-year school **before** graduation
- Yes, I plan to transfer to a 2-year school **after** graduation
- Yes, I plan to transfer to a 2-year school **before** graduation
- Undecided

Have you ever been a participant in a TRiO program before? Y N

If yes, please check all that apply: Educational Opportunity Center Upward Bound
 Student Support Services Talent Search

I certify that the above information is true and correct to the best of my knowledge. I also authorize the Financial Aid office and the Registrar's office to release my financial aid information, records, and transcripts to Student Support Services.

Student Signature

Date

Statement of Agreement and Consent:

I authorize Student Support Services to gather my ACT scores, financial aid reports, transcripts, and other necessary information in order to provide me with the services that I have requested, and to make reports to the U.S. Department of Education for the re-funding of this program. I also authorize SSS to obtain periodic reports from my instructors regarding my academic progress for

