

## Barton Community College TRiO Student Support Services Application

Name				SS#_		
First Permanent Addre	MI	Last		S	tudent Housin	
Permanent Address	Street	Address	City, State, Zi	<u></u> р		.9 — . —
Email Address		Home	Phone #	C	ell Phone #	
<b>Gender:</b> □ Male	□ Female	Marital Status	: 🗆 Single 🗆	Married <b>Dat</b>	e of Birth:	
	☐ African Ame ☐ Hispanic				e n/Pacific Island	der
Citizenship Status	: 🗆 U.S. Citizen	□ Perma	nent Reside	nt 🗆 Intern	ational Studer	nt
What is the highest	diploma/degree	completed by				
Your Mother?	_			O Bachelor's	O Master's	O Doctoral
Your Father?	O 8 <sup>th</sup> Grade	O High School	O AA/AS	O Bachelor's	O Master's	O Doctoral
Your Guardian?	O 8 <sup>th</sup> Grade	O High School	O AA/AS	O Bachelor's	O Master's	O Doctoral
With whom did ye	ou primarily live	with before yo	ur 18 <sup>th</sup> birtho	lay? 🗆 Mother	□ Father □ Bo	th □ Other
Family Size (inclu	de ALL family m	embers living c	ıt home – in	cluding yourse	f)	
Do you have a de				-		Y□N
Please indicate y  ☐ New student –  ☐ Will transfer cre ☐ Attended colle	first college atte edit(s) to Barton -	nded $\square$ - please list col	lege previo	usly attended_		
Do you plan to tre  No, I do not ple  Yes, I plan to tr  Undecided	an to transfer ansfer to a 4-yed ansfer to a 4-yed ansfer to a 2-yed	ar school <b>after</b> ar school <b>befor</b> ar school <b>after</b>	<b>e</b> graduatic graduation			
<b>Have you ever be</b> If yes, please che		⁄: □ Educ	_	ortunity Cente	•	rd Bound t Search
I certify that the above Registrar's office to re						Aid office and the
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 refunding of this program. I also authorize SSS to obtain periodic reports form my instructors regarding my academic progress for

courses in which I am enrolled. I understand that all information will be kept confidential and will be used for the following specified proposes:

1) Student demographic data & record keeping, 2) Program evaluation, 3) Needs assessment, 4) Federal reporting, 5) Other administrative purposes

I also give consent to the reproduction of my image, by means of digital or magnetic audio/video recording, or still or motion photography. I understand that the use of the image will be primarily for the promotion of student support services or its agents or associates. I hereby consent to the reproduction of my image and likeness on the Web site of K-State at Salina, which is accessible via the internet. This consent shall be a continuing consent with no limitations or reservations, excepting those stated herein.

And also, I hereby release Student Support Services to provide information to the staff and faculty at Barton Community College that have a need and a right to know about my academic progress/performance.

Student Signature:	Date:	
	FOR OFFICE USE ONLY	
Barton Student ID #:	Currently Enrolled: Y□ N □	Part-time□ Full-time□
Major: Mento	r:Advisor:	
Academic Test Scores  ACT: English Mc  ASSET: Writing Mc	th Reading Math	ent:
-	uth Reading Reading  oan   Unmet Need	J
Academic Need:  Diagnostic Tests Failing Grades Low High School Grades Low Admissions Test Scores Low College Grades Lack of Academic Preparedness for College Level Course Work    Eligible   Inelig   First Generation &   Disability & Low Income Only	Low Income come nly	re years
<ul> <li>Wait List Date and reason</li> <li>Is disability documentation on</li> </ul>	□ Declined Date n file with SSS? Y N	
Directors Signature:	Date:	