



Student Support Services Program Application

Please Print



Personal Information

Last Name _____ First Name _____ Student ID _____ Date _____

Mailing Address _____
Street City State Zip

Date of Birth _____ Home Phone _____ Campus Email _____

Cell Phone _____ Can we Text you? Yes _____ No _____ Gender : M _____ F _____

Are you Hispanic or Latino? (that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race? _____ Yes _____ No

Ethnicity: American Indian or Alaska Native Native Hawaiian or Pacific Islander Asian White Black or African American

Eligibility Verification

My current program of study is: _____ Program #: _____

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|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I am a U.S. Citizen or Legal Permanent Resident. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has your mother received/earned a 4-year college degree? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Has your father received/earned a 4-year college degree? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Have you received/earned a 4-year college degree? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I am receiving the PELL grant (check your FAFSA Student Aid Report) |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | My disability documentation has been submitted to one of Gateway's Disability Support Instructors. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | After completing courses at Gateway Technical College, I plan to transfer to a 4-year college or university. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I received a copy of the TRiO SSS Program Policies and I understand the participation expectations. |

Consent to Release Information

Please consider my application for TRiO SSS services. I allow TRiO SSS staff to verify my eligibility and track my progress through information obtained from staff, faculty and/or administration here at Gateway Technical College. The above information is true and complete to the best of my knowledge. I understand that this information will be treated as confidential, but will be reported to the U. S. Department of Education as a condition of funding for this program.

Applicant Signature _____ **Date** _____

Please forward completed application to:

Emily Raclaw Gateway Technical College 400 County Rd. H Elkhorn, WI 53121 (262)741-8526 raclawe@gtc.edu	Deborah Hilker Gateway Technical College 1001 S. Main St. Racine, WI 53403 (262)619-6680 hilkerd@gtc.edu	Theresa Barry-Watson Gateway Technical College 3520 30 th Ave. Kenosha, WI 53144 (262)564-2318 barry-watson@gtc.edu
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TRiO / Student Support Services is a federally funded program through the U.S. Department of Education. Federal guidelines are used to establish program eligibility.