

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Campus Location:  
 Columbus  Grand Island  Hastings

### Student Application

Name \_\_\_\_\_  
(First) (MI) (Last) (Maiden)

Mailing Address \_\_\_\_\_  
(Street/Box) (City) (State/Zip)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Residency Status: Are you an **U.S. citizen**? Yes  No  If not, your VISA classification: \_\_\_\_\_

High School Graduate  Did Not Graduate  
Name of High School: \_\_\_\_\_  GED  
Year of Graduation \_\_\_\_\_  Bachelor's Degree from a 4 yr institution  
Name of Institution: \_\_\_\_\_

Has your mother earned a Bachelor's Degree? Yes No  
Has your father earned a Bachelor's Degree? Yes No  
Have you applied for financial aid? Yes No  
Do you plan to graduate from CCC? Yes No

What type of degree are you working toward at CCC:  Associate  Diploma  Certificate

Program of Study: \_\_\_\_\_

Do you plan to transfer to 4 yr. school?  Yes  No  Unsure

Do you need TRiO services due to any of the following?  
(Please check all that apply)

- English as a Second Language (ELL/ESL student)
- Student as a Single Parent with Children
- Past or present Foster Care Youth/State Ward
- Non-traditional Student (graduated 5 years ago)
- Current Homelessness (lack a fixed, regular, adequate nighttime residence)
- Deciding Student (unsure of program of study)
- IEP in elementary or high school
- Veteran
- Failing Grades in High School or College
- Other \_\_\_\_\_

Why are you interested in joining the TRiO/SSS program?

#### PUBLIC NOTICE & RECORDS RELEASE AUTHORIZATION

It is the policy of Central Community College not to discriminate on the basis of gender, disability, race, color, religion, marital status, age or national origin in its education programs, administration, policies, employment or other community college programs.

This is to authorize the TRiO/Student Support Services Program at Central Community College to obtain from the Admissions Office, Counseling Office, Advisors, Registrar's Office, Student Accounts, and the Financial Aid Office any records or data pertinent to my participation in the program and to share that information with TRiO/SSS staff. I certify that the information on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature Date Staff Signature Date



Revision on 1/4/19

Revision on 11/25/15