



SSS/TRiO Application
Walla Walla Community College



PLEASE PRINT CLEARLY

Full name (include middle initial): _____

Preferred nick name: _____ Previous last names: _____

Local address: _____
Street address City State Zip

Local phone: _____ - _____ Cell phone: _____ - _____ - _____

Work phone: _____ - _____

e-mail address: _____

Student I.D. number: _____ - _____ - _____ Birth date: ____/____/____ Gender: M__ F__

Marital Status: Single__ Married__ Divorced__ Separated__ Widowed__

Ethnic Group

- Asian
- American Indian or Alaskan Native
- Black or African American
- White
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- More than one race
- Other

Parental Responsibilities

Do you have any dependent children? ____ If so, how many? ____
If so, do you have child care resources for your dependents? Yes ____ No ____

Eligibility Info

Are you a U.S. citizen? Yes ____ No ____

If not a U.S. citizen, are you a permanent resident? Yes ____ No ____

Resident Alien Number: _____

Does either of your parents have a bachelor's degree (4 year degree) Yes ____ No ____

What was your family's taxable income last year? \$ _____

Financial Info

Are you currently receiving college financial aid? Yes ____ No ____ Have applied ____

Check all income sources below that apply to you

- Dept of Voc Rehab
- Financial aid (includes work study & student loans)
- Labor & Industries injury claim
- Lives with parent/relative
- Parents/guardian/relative
- Savings
- Social Security benefits
- TANF (public assistance)
- Veteran's benefits
- Workforce Training funds

____ Scholarships (list all): _____

____ Employment—if so where _____ # hours worked per week ____

____ Other—explain: _____

Career Information

Occupations you have held: _____

Education Information

Last grade completed (*circle one in each category*) High school: NA 9 10 11 12 College: NA 1 2 3 4

Name of last high school attended: _____

Approximate high school grade point average (GPA): _____ Last year in school: _____ (ex: 2005)

Did your high school program include college preparation courses? Yes ___ No ___

College History:

College GPA? _____ How many credits have you completed? _____

Have you ever been on academic warning in college? _____

Have you ever been on financial aid probation? _____

Have you withdrawn from classes after the first two weeks? _____

Education achieved to date

(check all that apply)

	Year Received	Where
_____ High school diploma	_____	_____
_____ GED	_____	_____
_____ Some college (but no degree)	_____	_____
_____ Certificate (vocational)	_____	_____
_____ Associate's degree or AAAS	_____	_____
_____ Bachelor's degree	_____	_____
_____ Other: _____	_____	_____
_____ No degree at this time	_____	_____

Enrollment status at WWCC

_____ Currently enrolled _____ # of credits currently taking

_____ Not currently enrolled, but will be next quarter _____ # of credits planning to take

_____ Number of credits you are planning to take per quarter

Which WWCC degree or certificate are you planning to pursue (*Check all that apply*):

___ Associate in Arts Degree (AA transfer degree)

___ Associate in Science (AS transfer degree)

___ Associate Degree in Nursing (ADN)

___ Certificate

___ Associate in Applied Arts & Sciences (AAAS pro tech degree)

___ Transfer credits only

Program or major: _____ Academic advisor: _____

Have you taken the college placement tests? Yes ___ No ___ If so when? _____

What quarter and year do you plan to graduate and/or transfer from WWCC? _____

Have you attended other colleges or training schools? Yes ___ No ___ If yes, list below:

School: _____ Year last attended: _____

School: _____ Year last attended: _____

Name(s) of other college(s) you are interested in attending after leaving WWCC (if applicable):

List all schools: _____

Special Needs

Do you have a documented disability? Yes ___ No ___

If yes, have you self-identified through our DSS office? Yes ___ No ___

List special needs: _____

Are you receiving care or treatment from any agencies or doctors? Yes ___ No ___

If so, list doctors and/or agencies: _____

How did you learn about the SSS/TRiO program?

- | | |
|----------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Class presentation | <input type="checkbox"/> Advertisement (poster on campus, etc.) |
| <input type="checkbox"/> Education Talent Search Program | <input type="checkbox"/> Referral: Faculty or staff member |
| <input type="checkbox"/> WWCC Orientation | <input type="checkbox"/> TRiO member (record member's name below) |

Name of person who referred you: _____

Organization: _____

How do you think SSS/TRiO can help you?

Contact Person: *(List a relative with whom you do not live)*

Name: _____

Relationship to you: _____

Address: _____

Street

City

State

Zip

Phone: _____ - _____ - _____

Which of the following TRiO services would be of interest to you?

(check "√" all that are of interest to you)

<input type="checkbox"/> "√"	SSS/TRiO Services	<input type="checkbox"/> "√"	Workshop topics
<input type="checkbox"/>	Academic advising	<input type="checkbox"/>	Adjusting to college
<input type="checkbox"/>	Basic skills (reading, writing or math) improvement	<input type="checkbox"/>	Identity/internet safety
<input type="checkbox"/>	Book loans	<input type="checkbox"/>	Image consulting/etiquette skills
<input type="checkbox"/>	Career counseling/advising	<input type="checkbox"/>	Learning style identification
<input type="checkbox"/>	Computer use/internet access/laptop loan	<input type="checkbox"/>	Life planning
<input type="checkbox"/>	Education Tools (tape recorders, spell checkers, etc.)	<input type="checkbox"/>	Math or science study skills improvement
<input type="checkbox"/>	Financial aid planning/monitoring/personal budgeting	<input type="checkbox"/>	Nutrition/personal health
<input type="checkbox"/>	Four-year college campus visitations	<input type="checkbox"/>	Parenting skills
<input type="checkbox"/>	Job seeking/resume development/interviewing skills	<input type="checkbox"/>	Personality type identification
<input type="checkbox"/>	Personal advising	<input type="checkbox"/>	Stress management
<input type="checkbox"/>	Scholarship information	<input type="checkbox"/>	Test anxiety
<input type="checkbox"/>	Transfer planning	<input type="checkbox"/>	Test taking skills
<input type="checkbox"/>	TRiO Club (social enrichment)	<input type="checkbox"/>	Time management
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Using technology and the internet

This application is filled out to the best of my knowledge. I understand all information I share with the SSS/TRiO staff will be kept strictly confidential. I also understand that information from other offices at WWCC may be requested to complete my SSS/TRiO file.

Applicant's signature

Date