

Rock Valley College  
Division of Student Services  
**TRIO Student Support Services**  
<https://www.rockvalleycollege.edu/StudentServices/TRIO>

**For assistance with the application:**  
RVC TRIO Student Support Services  
3301 N. Mulford Rd. Rockford, IL 61114  
Office: 815-921-4280

The Student Support Services (SSS) Project of Rock Valley College provides eligible students with FREE academic advising; financial aid information; financial literacy awareness; career planning; designated computer lab access (printing services); and tutorial assistance to assist participants in achieving their academic goals. All SSS activities are designed to assist eligible students persistence in college from year to year; remain in good academic standing each semester; and graduate from RVC. Students selected to be SSS Participants must meet certain criteria set forth by the Department of Education.

**RVC SSS is a 100% federally-funded TRIO program (\$232,600 annually for 5 years) under the U.S. Department of Education.**

**Please complete all questions on the application and return to TRIO SSS Program.**

**CONTACT AND BASIC INFORMATION**

Application Date: \_\_\_\_\_ ID# \_\_\_\_\_

SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

What do you wish to be called? (If different from legal name):

\_\_\_\_\_

**Check only one:**  U.S. Citizen **OR**  Permanent Resident **OR**  Other:

\_\_\_\_\_

**Ethnicity:** Are you Hispanic/Latino?

- No, I am not Hispanic/Latino
- Yes, I am Hispanic/Latino

**Race:** What is your race?  American Indian/Alaska Native  Asian  Black or African American

White  Pacific Islander  More than one race  Other: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Language Preference: \_\_\_\_\_

RVC E-mail: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

Best Method of Contact:  Home phone  Cell phone  Work phone  RVC Email  Personal Email

Do you have a documented disability?  Yes  No

Have you met with Disability Support Services (DSS)?  Yes  No

*The financial and non-directory educational record information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232 (g), regulations 34 CFR Part 99. We cannot release information to another person without your written authorization.*

**EDUCATIONAL & CAREER INFORMATION**

**Have you received your:**  High School Diploma Date Graduated: \_\_\_\_\_ GPA \_\_\_\_\_

GED Diploma Date Completed: \_\_\_\_\_

**Have you previously attended college:**  Yes  No If yes, which institution?  
\_\_\_\_\_

**Did you graduate from this institution? If so, with what degree?**  
\_\_\_\_\_

**Classification:**  freshman (<30 credits)  sophomore (30-65 credits)

**What degree plan are you seeking?**  AS  AA  AAS  undecided  other, please explain below  
\_\_\_\_\_

**Current Enrollment Status:**  Part-Time (<12 credit hours)  Full-Time (>12 credit hours)

**Do you plan to transfer after completing your associate's degree from RVC?**  Yes  No



**STATEMENT OF AGREEMENT & CONSENT**

I certify that the above information contained on this application 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 federally funded program. Further, I understand that the Rock Valley College TRIO SSS program for students with disabilities will review my transcript and financial aid information to verify eligibility, determine appropriate services, and track academic progress.

I give the RVC TRIO SSS Program staff permission to obtain any academic or personal information that is necessary for providing assistance to me, evaluating the effectiveness of the program, and fulfilling federal and college reporting requirements. This information may be obtained for college departments/ personnel, including, but not limited to: RVC faculty, Undergraduate Admissions, Office of Student Financial Aid, Tutoring, Testing Center, Disability Support Services, Career Services, Dean of Students, Student Life, and peer mentors /tutors.

I give RVC TRIO SSS, its representatives and employees, to take photographs/videos of me and my property in connection with all TRIO SSS related activities. I authorize TRIO SSS, its assignees and transferees to copyright use and publish the same in print and/or electronic media. I agree that TRIO SSS may use such photographs of me with or without my name for lawful purposes, including, but not limited to, publicity, advertising, social media and web content in connection with TRIO SSS.

***By signing, I attest that all the information on this application is true.***

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**ACADEMIC & SUPPORTIVE SERVICES NEEDS ASSESSMENT**

**Check all areas in which you feel TRIO SSS staff may be able to assist you:**

- Academic Coaching--Receive assistance in choosing classes to stay on track to graduate on time.
- Career Counseling--Receive support in determining the best college major and career for you.
- Tutoring--Receive personal one-on-one tutoring in select subject areas at no cost to you.
- Financial and Economic Literacy--Learn about managing a budget and making wise financial decisions.
- Learning Styles and Study/Test Taking Skills--Assistance in identifying your style of learning and some strategies to study and take tests successfully.
- Graduation & Enrollment in University--Receive assistance in graduation from RVC & 4-year school enrollment.
- Financial Aid Information & Assistance Applying--Assistance completing FAFSA annually. Learn about scholarships & other financial aid options.



**FINANCIAL AID AND DEPENDENCY STATUS**

Have you completed a FAFSA? Yes No

Are you receiving financial aid this semester?  Yes  No

If yes, what is your dependency status?  Independent Student  Dependent Student  
 Don't Know

***By signing this application, I attest that all the information is true. Moreover, I authorize the release of the my academic and financial records to TRIO-SSS, understanding that the information on these records will be used only to assess my need for Project services, monitor my educational process, and fulfill program reporting requirements.***

Student Print Name: \_\_\_\_\_

Student's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ONLY complete ONE of the following Educational Attainment & Income Forms  
(Dependent OR Independent) NOT BOTH FORMS**

**\*\*\*\*\*Note: Taxable Income can be found on the  
federal income tax return\*\*\*\*\***

IRS Form 1040EZ, line 6

IRS Form 1040A, line 27

IRS Form 1040, line 43

**DEPENDENT STUDENTS ONLY  
2017-2018**

**To Be Completed and Signed by the Student's Parent/Legal Guardian**

Student's Name:

\_\_\_\_\_

Name of Parent/Legal Guardian:

\_\_\_\_\_

Parent Phone No.: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Did Mother of Student earn a 4-year degree from a college/university?  Yes  No

Did Father of Student earn a 4-year degree from a college/university?  Yes  No

Number of people living in parent/legal guardian's household? \_\_\_\_\_

What was parent/legal guardian's 2017 TAXABLE\* INCOME? \$\_\_\_\_\_

*\* This is NOT adjusted gross income and is listed on the 2nd page of most tax forms.*

**All of the information on this form is true and complete to the best of my knowledge.**

Parent/Legal Guardian Print Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPENDENT STUDENTS ONLY**



**ONLY complete ONE of the Educational Attainment & Income Forms  
(Dependent OR Independent) NOT BOTH FORMS**

\*\*\*\*\*Note: Taxable Income can be found on the  
federal income tax return\*\*\*\*\*

IRS Form 1040EZ, line 6

IRS Form 1040A, line 27

IRS Form 1040, line 43

**INDEPENDENT STUDENTS ONLY  
2017-2018**

**To Be Completed and Signed by the Student**

Student's Name:

\_\_\_\_\_

ID #: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Did Mother of Student earn a 4-year degree from a college/university?  Yes  No

Did Father of Student earn a 4-year degree from a college/university?  Yes  No

Number of people living in student's household? \_\_\_\_\_

What was the student's 2017 TAXABLE\* INCOME? \$ \_\_\_\_\_

*\* This is NOT adjusted gross income and is listed on the 2nd page of most tax forms.*

**All of the information on this form is true and complete to the best of my knowledge.**

Student Print Name \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**INDEPENDENT STUDENTS ONLY**

