

Referred By: _____

Date: _____

STUDENT SUPPORT SERVICES/TRIO
ELIGIBILITY FORM

Student Name: _____

Student ID # _____ Soc. Sec. #: _____

Address: _____

City State Zip

Phone: _____ Cell: _____

E-Mail: _____

Campus Location:

Belle Glade _____ Boca Raton _____ Lake Worth _____ PBG _____

Degree you are seeking:

AA _____ AS _____ AAS _____ PSAV/Certificate _____

➤ **First Generation College Student:**

I attest to the fact that I am a first generation college student. Include your parents names and the highest grade they completed.

Mother's Name: _____ Highest Grade: _____

Father's Name: _____ Highest Grade: _____

Student Signature

➤ **Income Level:**

Have you applied for financial aid? Yes _____ No _____ Plan to apply _____

Are you receiving financial aid? Yes _____ No _____ Waiting to hear _____

**Please attach a copy of your financial aid award letter.*

Are you receiving any other grant or scholarship? If yes, what kind? _____

List other methods of financing your education. _____

At age 18 were you living with:

Parent _____ Parents _____ Legal Guardian _____

Please check the income range, which reflects the taxable income, reported on your family's income tax return **last year**. Check an income range even if you were not required to file.

If your parents claimed you as deduction on their income tax return, check the income range for their income (not your own). If you were not claimed by your parents, check your income.

_____ \$0-\$16,245	_____ \$27,466-\$33,075	_____ \$44,296-\$49,905
_____ \$16,246-\$21,855	_____ \$33,076-\$38,685	_____ \$49,906-\$55,515
_____ \$21,856-\$27,465	_____ \$38,686-\$44,295	_____ More than \$55,515

Total number in family, including yourself: _____

Student Signature

➤ **Disability:**

Are you a student with a disability? Yes _____ No _____
Are you receiving services from the College's Disability Support? Yes _____ No _____

The information I have provided is true and correct to the best of my knowledge. I attest that the documents I have presented for verification of eligibility are genuine and relate to me. I am aware that any false documents in connection with eligibility will be cause for my dismissal from the STUDENT SUPPORT SERVICES/TRIO PROGRAM. I also authorize Palm Beach State College or other postsecondary institutions to release official transcripts, test scores, financial aid award information and other records to the Palm Beach State College Student Support Services/TRIO Program for educational planning purposes. I also authorize Palm Beach State College Student Support Services/TRIO Program to release these records to other institutions as they relate to my education planning.

Student Signature

Date

CONFIDENTIALITY OF INFORMATION

The personal information that is provided to the Student Support Services/TRIO Program will be protected under the Family Educational Rights and Privacy Act of 1974. No one will have access to the information unless he or she works with or for the Student Support Services/TRIO Program or is specifically authorized by the student in question to see the information. The information is necessary to help determine the success of participants in post-secondary education as authorized by the U.S. Department of Education.

(20 United States code 1231a)

Please return to:

**Palm Beach State College
Student Support Services/TRIO, MS #28, Room FA 123
4200 Congress Avenue, Lake Worth, FL 33461-4796
561-868-3392**