



TRIO Student Support Services Application

Clafin University
400 Magnolia Street
Orangeburg, SC 29115
Phone: (803) 535-5287/5280

TRIO Student Support Services (SSS) is a federally funded program which provides support to improve the retention and graduation rates of first-generation and income-qualified students and students with disabilities at Clafin University. By signing this document, you allow us to certify your eligibility in at least one of the qualifying areas to meet federal regulations.

Student's Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Number & Street) (City) (State) (Zip Code)

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Telephone Number: () _____ Cell Phone () _____ Email Address: _____

Gender: Male ___ Female ___ Marital Status: Married ___ Single ___

Intended Major: _____ SAT Score Math ___ Verbal ___ ACT Score _____

U.S. Citizen/Permanent Resident: Yes ___ No ___ If not a US citizen, please indicate your immigration status

Ethnicity: Do you identify as Hispanic or Latino? ___ Yes ___ No

Race (select one or more)

Races are defined by the U.S. government and listed below.

___ American Indian/Alaskan Native ___ Asian ___ Native Hawaiian or Other Pacific Islander

___ African American/Black (Non-Hispanic) ___ White ___ Other _____

If you live with your family and are supported by them, give the following information:

Number of members in family ___ Taxable income \$ _____ Income before taxes \$ _____

Social Security \$ _____ TANF \$ _____ SSI \$ _____

****Please attach a signed copy of your or your parents tax forms—1040 or 1040A or documentation of income such as SSI, TANF, or other statement of income.**

If you live away from your family and support yourself, give the following information:

Number of dependents _____ Taxable Income _____ Income before taxes \$ _____

Have you been or are you currently a foster child or ward of the state (before the age of 18)?

Yes ___ No ___

Have you participated in either of the following?

Talent Search Yes__ No__ Upward Bound Yes__ No__ Location_____

Education:

_____ High School Diploma _____ High School Graduation Date
_____ High School GPA _____ High School Attended
_____ GED _____ Date GED completed

Are you a transfer student ___Yes ___No If yes, how many transfer credits have you earned _____

Do you have veteran status? Yes_____ No_____

Parent(s) or Guardians Names: Mr. /Mrs. _____

Have your parent(s) or guardian(s) with which you reside, graduate from a 4-year college: __Yes __No

If yes, check appropriate response: Mother___ Father___ Both___ Name of College _____

Do you receive vocational rehabilitation benefits? Yes_____ No_____

Do you have a disability? Yes___ No___

If yes, are you registered with the disability services office on campus Yes___ No___

Are there any unusual circumstances you would like us to know in considering your eligibility for this program? ___Yes ___No

If yes, explain. _____

STATEMENT OF AGREEMENT AND CONSENT: I authorize the TRIO Student Support Services program at Claflin University to review my admissions application, placement scores, academic record, demographic information, financial aid reports, transcripts and grade point average to determine my eligibility, and provide me with services which will contribute to my success at Claflin.

I understand that data collected, plus the information I provide on this form will remain confidential, and will be used for grant reporting to the United States Department of Education. I understand and authorize TRIO Student Support Services staff to request and share confidential information with the Disability Student Services program.

I authorize TRIO Student Support Services to obtain tracking information for required reporting to the United States Department of Education from the National Student Clearinghouse Student Tracker service. I authorize TRIO Student Support Services to send text messages to the cellular phone number maintained on record with the program. Lastly, I authorize TRIO Student Support Services to obtain periodic reports from my instructors regarding my academic progress for courses in which I am enrolled. I agree to meet with my peer counselor once a week and SSS counselor twice a month at a mutually agreed upon time. I understand that all information will be kept confidential, and will be used only for the purposes specified herein.

We will verify your eligibility based on the information you provide and send you a letter confirming your acceptance.

Students' Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office Use Only

Date Application Received _____ Taxable Income _____ SAT _____ ACT _____
Acceptance Criteria: FGC___ LI___ D___ Date Accepted _____ Date Rejected _____
Academic Need _____