

**For Office Use  
Only**

Date Received/Staff Initials

- Has income docs
- Has DI docs or n/a
- Has test or waiver
- Signed application
- OK to set appointment

By: \_\_\_\_\_

Day/Date/Time:

ADVISOR: \_\_\_\_\_

1<sup>st</sup> call \_\_\_\_\_

By \_\_\_\_\_

2<sup>nd</sup> call \_\_\_\_\_

By \_\_\_\_\_

- FG /3       DI/ 4
- LI/ 2       DIFG/ 4
- LIFG/ 1     DILI/ 5
- Not elig     DILF /5
- 1<sup>st</sup> yr/never attended (01)
- 1<sup>st</sup> yr/prior attendance (02)
- 2<sup>nd</sup> yr/sophomore (03)
- Transfer

ADEV	06
ENGL	06
MATH	06
ESOL reading	12
ESOL writing	12
ESOL listening	12
ESOL vocabulary	
<input type="checkbox"/> 6 <input type="checkbox"/> 10 <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	

**APPLICATION**

*Student Support Services/***TRiO**

**North Hennepin Community College**

7411 85<sup>th</sup> Ave. N.

Brooklyn Park, MN 55445

Office: 763.424.0937 Fax: 763.493.0576

*If you need help filling in this form, ask in our office located in the Fine Arts building, Room 103 or call us. If you would like to receive this information in a different format call (763) 424-0555 or (TTY) (763) 493-0558.*



Student Information				
Last Name	First Name	Middle	Student ID	Social Security
Street Address		City	State	Zip Code
E-Mail Address				
Birth Date	Primary Phone ( )	cell? Y N text ok? Y N	Second Phone ( )	cell? Y N text ok? Y N

Please check all that apply to you:

Gender	Residency	Ethnicity
<input type="checkbox"/> M (1)	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Asian / Middle Eastern (2)
<input type="checkbox"/> F (2)	<input type="checkbox"/> Refugee	<input type="checkbox"/> African-American / African (3)
	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Caucasian / White (5)
	<input type="checkbox"/> International Student	<input type="checkbox"/> Chicano / Latino (4)
		<input type="checkbox"/> Native Hawaiian / Other Pacific Islander(6)
		<input type="checkbox"/> Native American / Alaskan Native (1)
		<input type="checkbox"/> More than one of the above (7)

**Please answer the following questions**

- Do either of your parents have a bachelor's degree (i.e. 4-year from a university or college) or higher?     Yes     No
- Do you have a documented disability?     No     Yes (If yes, please attach a copy of your documentation.)
- Have you applied for financial aid?     Yes     No  
*If no, do you plan to apply for financial aid?*     Yes     No
- High School:     Diploma     GED     PSEO     Not Completed
- Do you plan to take:     8 or more credits per term?     7 or fewer credits per term? (Check one.)
- Have you been a student at NHCC previously?     No     Yes: Term started \_\_\_\_\_
- Do you already have a Degree?     No     Yes \_\_\_\_\_
- List any other Post-Secondary Institutions you have attended:  
\_\_\_\_\_  
\_\_\_\_\_

FG  
DI  
LI  
+

- Have you been out of school for more than 5 years?     Yes     No (10)
- Do you plan to complete a degree at NHCC?     No     Yes Which one?
- Do you plan to transfer to a 4-year college or university?     No     Yes Which one?
- How did you hear about our program?

13. Please state why you are interested in participating in the SSS/TRiO program:

14. Do you need help or more information concerning any of the following? (Check all that apply)
- |   |      |  |      |
|---|------|--|------|
| <input type="checkbox"/> Need information on transfer | (13) | <input type="checkbox"/> Study skills    | (14) |
| <input type="checkbox"/> Choosing a major             | (13) | <input type="checkbox"/> Writing skills  | (14) |
| <input type="checkbox"/> Choosing a career            | (13) | <input type="checkbox"/> Math skills     | (14) |
| <input type="checkbox"/> Improving grades             | (15) | <input type="checkbox"/> Reading skills  | (14) |
| <input type="checkbox"/> Other _____                  |      | <input type="checkbox"/> Computer skills | (14) |

15. Federal regulations require that we verify your income.\*\*

*Please furnish us with appropriate documentation, such as your most recent year tax return.*

If self-supporting, please include your (and your spouse's) income for the most recent tax year (1040, or 1040A, or 1040EZ, etc.) If not self-supporting, please include your and your parent(s)/guardian(s) income for the most recent tax year. *If this information is unavailable or if you have questions, contact us.*

**\*\*We will not be able to determine your eligibility without this information.**

**IN CASE OF EMERGENCY**

Give the name, address, and phone of two people who will always know how to reach you.

Name	Address	Phone No. (    )
Name	Address	Phone No. (    )

I certify that the information I have provided on this application is, to the best of my knowledge, true and correct. Furthermore, I understand that by applying for this program, I authorize the Student Support Services/TRiO Program to obtain records or data pertinent to my participation from other sources, and to release information as required by law or the terms of the Student Support Services/TRiO Grant, to the grant-funding agency of the federal government.

*Student Signature*

*Date*

*North Hennepin Community College Student Support Services/TRiO is asking you to provide information which includes private information under state and federal law. SSS/TRiO is asking for this private information so that we can process your application for your admission to our program. This information will be used to evaluate your application for admission to determine whether you are a suitable candidate for admission into our program. You are not legally required to provide the information the SSS/TRiO is requesting, and you may refuse to provide some or all of the information requested. However, SSS/TRiO may not be able to consider your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to the individuals involved in our admission process and the advisors and clerical personnel of the program. However, federal and state law do authorize release of private information without your consent to: school officials who have legitimate educational interests in the information; the U.S. Dept. of Education for the purposes of program compliance, audit or evaluation; the juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you; an alleged victim of sexual assault, if you are the alleged perpetrator of the assault, and the release is of the result of a disciplinary proceeding against you related to the alleged crime; your parents, if your parents claim you as a dependent student for tax purposes; a court, grand jury, or state or federal agency, if the information is sought with a subpoena; appropriate persons in connection with an emergency, if necessary to protect your health or safety of the health or safety of others; if required by a court order, or permitted by other state or federal law.*

**Before you return this application to Student Support Services/TRiO, please make sure that you complete the following:**

- ☐ Fill out the application form completely.
- ☐ Sign and date the application.
- ☐ **Attach a copy of your assessment test scores.**
- ☐ **Attach a copy of your income documents** (If self-supporting, please include your (and your spouse's) income for the most recent tax year (1040, or 1040A, or 1040EZ, etc.) If not self-supporting, please include yours and your parent(s) /guardian(s) income for the most recent tax year.
- ☐ Attach a copy of your disability documentation if applicable.