

Application

General Information:

First Name: _____ MI: _____ Last Name: _____

SUNY Schenectady Student ID Number: **900** _____

Preferred Name (if any): _____

Current mailing address: _____

City, State, Zip: _____

Email: _____

Best phone number to reach me: _____ Is this a cell number? Yes No

Is it permitted to text your cell? Yes No Carrier/Service Provider: _____

Date of Birth: _____

Gender: _____

*Gender is used by the TRIO office to prepare summary data reports to the Federal and other government agencies. It will not be used in any way to determine your acceptance into TRIO Student Support Services.

Eligibility Information: Students are eligible to apply for TRIO Student Support Services at SUNY Schenectady if they meet the following U.S. Department of Education guidelines.

Please check all that apply to you:

1. I am accepted to SUNY Schenectady and enrolled in classes(currently or for next semester)	
2. I am enrolled in six (6) or more credits at SUNY Schenectady this semester	
3. I am permitted to apply for Federal financial aid as a United States citizen or eligible noncitizen.	
4. I have not yet earned a Bachelor's degree.	
5. I am in need of academic support.	
6. And meet at least one of the following criteria:	
a. The parent(s)/legal guardian(s) that you regularly resided with prior to age 18 have not graduated with a Bachelor's degree (4-year degree).	
b. I meet government income guidelines based on the chart (at end of application)	
c. I have a documented physical, medical, psychological, or learning disability that is registered with the SUNY Schenectady ADA Transition Services Office.	

Academic Information

Intended Major(s): _____ What semester are you in? _____

How many college credits have you completed? 0-12 13-24 25-36 37-55 55+

Are you currently on academic probation at SUNY Schenectady? Yes No

Have you previously been on academic probation at SUNY Schenectady? Yes No

Please check off classes you are currently enrolled in and/or may need academic support:

_____ Math 085 _____ Math 095 _____ Math 086 _____ ENG 096

Other Information:

Are you planning to graduate with an Associate's Degree or certificate from SUNY Schenectady?

Please choose an answer: Yes No Unsure

Are you looking to transfer to a four (4) year college after graduating from SUNY Schenectady?

Please choose an answer: Yes No Unsure

Are you currently employed? _____ No _____ Yes
1-9 hrs/wk 10-19 hrs/wk 20-29 hrs/wk 30-39 hrs/wk 40+hrs/wk

Please mark one of the following ethnic identities:

Hispanic/Latino Not Hispanic/Latino

Please choose from one of the following racial identities. You may select more than one:

Asian Black or African American
 American Indian or Alaskan Native White
 Native Hawaiian or other Pacific Islander

Have you earned your high school equivalency diploma (GED or TASC) through an alternate program within the previous five years? YES NO

How did you hear about the TRIO Program (please check all that apply):

<input type="checkbox"/> TRIO Staff Member presented in your class	<input type="checkbox"/> College staff member	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Admitted Student Day	<input type="checkbox"/> Bulletin Board	<input type="checkbox"/> Email
<input type="checkbox"/> TRIO staff member at a table	<input type="checkbox"/> Disability Services Center	<input type="checkbox"/> Campus Visit Day
<input type="checkbox"/> Flyer/poster posted on campus	<input type="checkbox"/> TV screens on campus	<input type="checkbox"/> Website
<input type="checkbox"/> Professor/Instructor	<input type="checkbox"/> RA (Resident Assistant)	<input type="checkbox"/> Admission Open House
<input type="checkbox"/> Postcard in mail	<input type="checkbox"/> TRIO SSS banner on campus	<input type="checkbox"/> Other. Please share: _____
	<input type="checkbox"/> Friend	
	<input type="checkbox"/> Table tent (flyer on table)	

I hereby apply for services in the TRIO Student Support Services (SSS) program at SUNY Schenectady County Community College (SUNY Schenectady). I certify that the information I have supplied on this form is true and accurate, to the best of my knowledge. I understand that the TRIO program can share and receive information from my educational benefit with other SUNY Schenectady offices, staff and faculty according to the Family Rights and Educational Privacy Act (FERPA) of 1974. I understand that my application does not indicate automatic acceptance into the program. I understand that I may withdraw from this program at any time.

Student Signature: _____ Date: _____

Please submit this application to the following campus location:

**TRIO SSS Program Office
SUNY Schenectady County Community College
78 Washington Avenue
Elston Hall Room 328
Schenectady, NY 12305**

You may also email us at trio@sunysccc.edu Or visit our website:

<http://sunysccc.edu/Current-Students/Student-Life-and-Resources/TRIO-Student-Support-Services.html> for additional information.

Equal Opportunity Policy. In complying with the letter and spirit of applicable laws and pursuing its own goals of diversity, Schenectady County Community College shall not discriminate on the grounds of race, color, religion, sexual orientation, inking transgender status or expression, national origin, citizen status, age, disability, or veteran's status in employment, education and all other areas of the SUNY system. The college provides reasonable accommodations to qualified individuals with disabilities upon request.

Questions and complaints about discrimination in any are of the college should be directed to the campus Equal Opportunity Director. For contact information please visit <http://sunysccc.edu/About-Us/Policies-and-Procedures>

TRIO is a federally funded, five year grant program through the U.S. Department of Education at SUNY Schenectady with an annual budget of \$335,111 that works with 175 eligible students

Federal TRIO Programs
Current-Year Income Levels

(Effective **January 13, 2021** until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$19,320	\$24,135	\$22,230
2	\$26,130	\$32,655	\$30,060
3	\$32,940	\$41,175	\$37,890
4	\$39,750	\$49,695	\$45,720
5	\$46,560	\$58,215	\$53,550
6	\$53,370	\$66,735	\$61,380
7	\$60,180	\$75,255	\$69,210
8	\$66,990	\$83,775	\$77,040

For family units with more than eight members, add the following amount for each additional family member: \$6,810 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,520 for Alaska; and \$7,830 for Hawaii.

How do I read the federal income chart?

If you have 3 people in your household and your taxable income was \$15,625, then your income would fall below the cut off of \$32,940 for the 48 contiguous states. You would then be income eligible to apply to TRIO Student Support Services.

What is considered family unit?

Family unit is defined as the total number of persons who are related to you by blood, marriage or adoption and are dependent on the head of household for support. A stepparent or stepchild is considered related by marriage.

Where do I find my taxable income information?

You can use your most recent federal income taxes.

IRS Form 1040 Line 43

IRS Form 1040A Line 27

IRS Form 1040EZ Line 06

*The parents'/legal guardians' federal tax return must be used if they claimed the student as a dependent on their 2019 income tax return, or if the student was under 24 years old, single and not a veteran. The student's federal tax return must be used if the student was not claimed as a dependent and was 24 or older, or is a veteran, or was married (spouse's 2019 income should be included).