



## How Can TRiO Student Support Services Help You?

### Services Provided

TRiO Student Support Services participants can expect the following **FREE** support services:

- Personal and academic advising, including registration.
- Computer usage with access to internet.
- Grant Aid to active participants who meet eligibility requirements.
- Printing for academic purposes.
- Advising on transfer to a four - year College/University.
- Scholarship resource information.
- Life Skills Workshops and Seminars.
- One-on-one or group tutoring.
- Financial aid information and FASFA assistance.

### Program Eligibility

Please check **Yes** or **No** for **ALL** of the following provisions:

Yes      No

1. You are a U.S. Citizen or Permanent Resident (Meet the Residency Requirements for Federal Student Financial Assistance).
2. You have a documented disability. (Physical and/or learning)
3. You are a **first-generation** college student. (Neither parent has earned a Bachelor's degree.)
4. You receive Federal Pell Grant.
5. You plan to graduate from Navarro College with an Associate's Degree.
6. You plan to transfer to a four-year university.

### TO APPLY

Applications should be completed and returned to:  
TRiO Center 2nd Floor, Gooch One-Stop Student Center  
Phone (903) 875-7714 / Fax Number: (903) 875-7673

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*Navarro College TRiO Student Support Services is a federal TRiO Program, funded through a grant from the U.S. Department of Education.*

SECTION I

# Needs Assessment Survey



<b>Student's Name:</b>	<b>Today's Date:</b>
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**Please check all areas that you would like to improve on.**

<input type="checkbox"/> General study habits	<input type="checkbox"/> Improve math skills	<input type="checkbox"/> Receive transfer information
<input type="checkbox"/> Note taking skills	<input type="checkbox"/> Improve vocabulary	<input type="checkbox"/> Make career decisions
<input type="checkbox"/> Time management skills	<input type="checkbox"/> Improve test taking skills	<input type="checkbox"/> Plan college courses
<input type="checkbox"/> Increase reading speed	<input type="checkbox"/> Enhance memory	<input type="checkbox"/> Reduce math anxiety
<input type="checkbox"/> Improve reading comprehension	<input type="checkbox"/> Improve GPA	<input type="checkbox"/> Improve spelling
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Please check any of the following items which describe you.**

<input type="checkbox"/> Out of school too long	<input type="checkbox"/> Panic during test	<input type="checkbox"/> Difficulty managing money
<input type="checkbox"/> Afraid of failing in college	<input type="checkbox"/> Few computer skills	<input type="checkbox"/> Difficulty meeting deadlines
<input type="checkbox"/> Difficulty finding child care	<input type="checkbox"/> Unsure of college procedures	<input type="checkbox"/> May need personal counseling
<input type="checkbox"/> Afraid I may not fit in at NC	<input type="checkbox"/> Difficulty participating in discussions	<input type="checkbox"/> My family does not understand college demands
<input type="checkbox"/> Difficulty meeting new people	<input type="checkbox"/> Little or no experience on the internet	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply)**

<input type="checkbox"/> Poor study habits	<input type="checkbox"/> Alcohol and/or other drug problems	<input type="checkbox"/> Trouble sleeping
<input type="checkbox"/> Lack of money	<input type="checkbox"/> No support from family/friends	<input type="checkbox"/> Afraid to speak up in class
<input type="checkbox"/> Taking the wrong classes	<input type="checkbox"/> Bad grades	<input type="checkbox"/> Feeling depressed or sad
<input type="checkbox"/> Always feeling tired	<input type="checkbox"/> Taking things too seriously	<input type="checkbox"/> Dealing with bills
<input type="checkbox"/> Recurring health concerns	<input type="checkbox"/> Problems at home	<input type="checkbox"/> Family medical problems
<input type="checkbox"/> Separation or divorce	<input type="checkbox"/> No close friends at NC	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Too shy	<input type="checkbox"/> Always worrying	<input type="checkbox"/> Test anxiety
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**What other areas will you need assistance with?**

<input type="checkbox"/> Personal budget	<input type="checkbox"/> Motivation	<input type="checkbox"/> Leadership Development
<input type="checkbox"/> FAFSA	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Goals/Decision Making
<input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Applications
<input type="checkbox"/> Loans	<input type="checkbox"/> Relationships	<input type="checkbox"/> Funding
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Planning
<input type="checkbox"/> Exploring Diversity	<input type="checkbox"/> Interviewing	<input type="checkbox"/> Resume/Cover Letter
<input type="checkbox"/> Job Searching	<input type="checkbox"/> Co-op/Internship	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**SECTION II****Navarro College TRIO SSS Application****APPLICATION INSTRUCTIONS**

Please complete this application in its entirety using **BLACK INK**. The information you provide is strictly confidential. Only completed applications will be accepted and does not guarantee admission to the program. Students deemed eligible will be contacted by the program to complete the admission process.

**DEMOGRAPHIC INFORMATION**

Date of Birth (MM/DD/YEAR):     /     /	Social Security #:     -     -	NC ID #:
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Full Name:

Last	First	M.I.	Maiden
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Address:

Street or P.O. Box	City	State	Zip
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Home Phone:     -     -

Cell Phone:     -     -

 **Check this box if you consent to receiving text messages from TRiO Student Support Services for important updates.**

Personal E-mail Address:

 **Check the preferred contact e-mail**

Navarro College E-mail Address:

**Name, address, and phone number of someone who will always know how to reach you.**

Contact Name:

Phone:     -     -

Address:

Street or P.O. Box	City	State	Zip
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Check all that apply to you:

<b><u>Race:</u></b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other (specify): _____	<b><u>Gender:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b><u>Citizenship:</u></b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> U.S. National
<b><u>Is English your second language?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**ACADEMIC INFORMATION****Student Classification:**

- |  |   |
|--|---|
| <input type="checkbox"/> New Student (no college hours)            | <input type="checkbox"/> Transfer Student (credit transferred from another college)   |
| <input type="checkbox"/> Continuing Student (some college courses) | <input type="checkbox"/> Second Year Student (at-least half of Associate's completed) |

**Highest Level of Education:**

- 
- High School diploma (Year: \_\_\_\_\_)
- 
- 
- GED (Year: \_\_\_\_\_)
- 
- 
- Associate's Degree
- 
- 
- Bachelor's Degree

**Educational Goals:**

- 
- Certificate
- 
- 
- Associate's Degree
- 
- 
- Transfer to four-year school
- 
- 
- None of the above

**Anticipated Attendance:**

- 
- Full-Time
- 
- 
- Part-Time

Major:

Cumulative GPA:

 Are you planning to **transfer** to a **four-year college or university**:      Yes      No      Unsure
**PROGRAM ELIGIBILITY**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Have either of your parents completed a Bachelor's degree? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you receive Pell Grant?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a documented disability?*                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- \*If yes, please submit documentation or questions to Amy Dojahn, District Coordinator of Disability Services 903.875.7377.

**CLICK SUBMIT TO SEND SECTIONS I & II TO TRiO STUDENT SUPPORT SERVICES  
THEN FOLLOW INSTRUCTIONS TO CONTINUE WITH SECTION III.**

**SECTION III**

Full Name:	NC ID #:
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Last	First	M.I.	Maiden
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**FINANCIAL ELIGIBILITY**

Check **all** that apply to you. **If you DID NOT CHECK any of the following, you are considered a dependent student and must submit your parent's or legal guardian's signed Federal Income Tax Return. Otherwise, submit your tax return.**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> 24 years of age or older | <input type="checkbox"/> Have dependent child(ren) | <input type="checkbox"/> Married  |
| <input type="checkbox"/> Foster Care Youth        | <input type="checkbox"/> Military Veteran          | <input type="checkbox"/> Homeless |

**Who claimed you for income tax purposes?**     Parent     Self     My family had no taxable income

**Taxable Income:****Family size reported:**

**TAXABLE INCOME** can be found on your Federal Income Tax Return on the following forms:

Form <b>1040</b> <i>Line 43</i>	Form <b>1040A</b> <i>Line 15</i>	Form <b>1040EZ</b> <i>Line 6</i>
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To request a "tax return transcript" online, go to IRS.gov and use the "Get Transcript of Your Tax Records" tool. To order by phone, call 800-829-1040 and follow the prompts.

**FAMILY SIZE:**

If you are a **dependent** student, include yourself, your parents, siblings, and any other person supported by your parents.

If you are **independent**, include yourself, spouse, children, and any other person supported by you.

**NON-FILER STATEMENT**

**Complete this section only if tax returns were NOT filed.**

Fill out this section **ONLY** if your parent(s) (or you, if you qualify as independent – see criteria above) **DID NOT** file a federal income tax return. Otherwise, the most recent signed tax return is required.

Check here if you (independent) or your parent(s) (dependent) did not or will not file a federal income tax return.

To the best of my knowledge, our family's taxable income was \$\_\_\_\_\_ and the number of family members that can be claimed as dependent/exemptions by the Head of Household is \_\_\_\_\_.

Student Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_

**INCOME VERIFICATION**

Please check **all** other forms of assistance received for income verification:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Veterans' Administration |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Welfare Benefits         | <input type="checkbox"/> Disability Benefits      |
| <input type="checkbox"/> Children Services     | <input type="checkbox"/> Other: _____             |   |

How did you learn about TRIO Student Support Services?

- NC Staff/Faculty: \_\_\_\_\_     TRIO Staff: \_\_\_\_\_
- TRIO Student: \_\_\_\_\_     E-Mail     NC Website
- Participated in a TRIO program at a previous institution (if yes, where?): \_\_\_\_\_

**Please check the box below indicating that you have read and understand the following GEPA Statement.**

"It is the policy of Navarro College not to discriminate on the basis of sex, race, age, creed, religion, national origin, disability status, veteran status or sexual orientation in its educational programs, activities or employment practices."

By signing below, I/we am/are certifying the personal and financial information provided to the Navarro College TRiO Student Support Services is true and accurate to the best of my/our knowledge. By applying to this program, I/we authorize TRIO Student Support Services to use my SSN, access my transcript/grade report to monitor academic progress, and to use my photos in the BLUMEN database and for publication.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*(Parent signature needed if the student is a dependent or under 18 yrs old)*

**Print Parent Name:** \_\_\_\_\_

**Student Checklist** (All of the following documents must be provided in order to complete your application packet)

Any **ONE** of the following:

- Signed parent/student tax return
- Completed Non-filer statement
- Signed government document showing taxable income

**ALL** of these items are required:

- Current degree plan
- Current class schedule
- Completed Needs Assessment Survey

CLICK "SUBMIT" TO SEND APPLICATION INFORMATION TO TRIO STUDENT SUPPORT SERVICES THEN CLICK "PRINT" TO PRINT SECTION III. SECTION III MUST BE SUBMITTED TO THE TRIO STUDENT SUPPORT SERVICES OFFICE WITH ORIGINAL INITIALS, SIGNATURES AND APPROPRIATE SUPPORTING TAX RETURN DOCUMENTATION. FAILURE TO COMPLY WITH INSTRUCTIONS MAY RESULT IN AN INCOMPLETE APPLICATION.