



STUDENT SUPPORT SERVICES

TRiO Scholars Application | College of the Redwoods, Del Norte

1. PROGRAM ELIGIBILITY QUALFIER

First Name: _____ **Middle Initial:** _____

Last Name: _____ **Student ID:** _____

Birthday: ____ / ____ / ____

Are you a U.S. Citizen?: ☐ Yes ☐ No

If No, are you a permanent resident?: ☐ Yes ☐ No

Street Address/Apt#: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Phone Type: ☐ Cell ☐ Landline **Ok to text?:** ☐ Yes ☐ No

Can we connect with you on social media (Facebook, Instagram, etc.)?: ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Ethnicity (Please select all you identify with):

- ☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Hispanic/Latinx
☐ Native American/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Multi-Racial

Academic Goal: ☐ Certificate (1-2 year) ☐ Associate's Degree (2 year) ☐ Transfer to Bachelor's Degree (4 year)

Do you have a High School Diploma or GED?: ☐ High School Diploma ☐ GED

Do you have an Associate's or Bachelor's degree?: ☐ No ☐ Associate's Degree ☐ Bachelor's Degree

Did either of your parents complete a Bachelor's (4-year) College Degree?: ☐ Yes ☐ No

Did you complete the FAFSA?: ☐ Yes ☐ No

Do you have a documented disability?: ☐ Yes ☐ No ☐ Unsure

2. ACADEMIC QUALIFIER

	I do not always feel comfortable reaching out for help. (Especially Professors, Tutors, Counselors etc.)
	I am not sure I feel prepared to take college-level courses such as Math, English, Science...etc.
	I have a history of academic difficulties or not passing classes.
	I received non-passing or low grades in high school.
	I received non-passing or low grades in college.
	I am unsure of my career and/or education goals.
	My education goals require an ambitious (higher) Grade Point Average (GPA).
	I have been out of school for 5 or more years.
	English is not my first language.
	Reading, Writing, and communicating my thoughts in writing can be challenging for me.
	I have found college processes to be overwhelming or confusing.
	I have commitments beyond school. (ex: work, family, caregiving)
	I experience high levels of stress/feeling overwhelmed.
	I am not sure if college is "right" for me or my lifestyle.
	I could use some help with learning how to study, research, notetaking, time management, etc.
	I could use some help completing Financial Aid processes (such as FAFSA).
	I am not sure I can afford to go to college.
	I have participated in similar Academic Success programs like Upward Bound, Talent Search...etc.
	Other

3. COMMITMENT TO TRIO SERVICES

Please indicate in the space below at least 2 TRiO Services you will commit to using this Semester.

	Working one-on-one with a TRiO staff member
	Meeting with a Counselor/Advisor to discuss my goals.
	Tutoring (In Person and/or in a Study Group)
	Online Tutoring
	Attending a Workshop (Study Strategies, Financial Planning, Career Exploration, Transfer, etc.)
	Online Workshop
	Career Planning
	Financial Planning Meeting (FAFSA, Financial Aid, Scholarship Applications, Budgeting)
	Utilizing the Technology Library (Textbooks, Calculator, Laptops on Reserve)
	Transfer Assistance (College Trips, Assistance Applying to a University, Transfer Advising)

By signing the below, I am confirming that all the information within this application is complete and accurate to the best of my knowledge. I understand that by applying to the TRiO SSS program, I authorize program staff to obtain records or data pertinent to my participation from other campus offices and to release information to the U.S. Department of Education for reporting purposes. The personal information I provide is protected by the Family Educational Acts and Privacy Act (FERPA), and will be kept confidential.

4. CONTRACT

1. I agree to participate in at least 2 TRiO Services each semester.
2. I will do my best to make progress towards my Education Goals.
3. I understand that a TRiO staff member may contact me at any time to check in about this progress.
4. I also understand that if I do not utilize TRiO Services, I may be removed from the program.
5. I will notify TRiO staff if I decide not to return next semester.

Student Signature _____

_____ / _____ / _____
Date

STAFF USE ONLY

Action: ☐ Admit ☐ Waitlist ☐ Not eligible

Notes:

Directors Signature _____

_____ / _____ / _____
Date

TRiO

STUDENT SUPPORT SERVICES

DEPENDENT STUDENT INCOME VERIFICATION (Skip page if "Independent" student on FAFSA)

1. Please have your parent/legal guardian fill out and sign steps 1-3 of the TRiO Application to verify your income:

I (full name) _____, declare that I am the parent
or legal guardian of (student's name)_____.

2. Please have your parent/legal guardian select one of the following boxes below (☐)
& complete the necessary information:

☐ I did not file a tax return because my earned income was: \$ _____

☐ I filed a tax return.

My taxable income (1040EZ - Line6; 1040A - Line 27; 1040 - line 43) was: \$ _____

3. Please have your parent/legal guardian sign below:

I confirm that the above information is true and accurate to the best of my knowledge.

Parent/legal guardian's Signature: _____

Date: _____ / _____ / _____

Parent/legal guardian's Printed Name: _____

Thank you. Please feel free to contact the TRiO Office 707-465-2320 if you have any questions.

Federal TRiO Programs Current-year Low-Income Levels (Effective January 15, 2025 until further notice)

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
1	\$23,475	\$29,325	\$26,985
2	\$31,725	\$39,645	\$36,480
3	\$39,975	\$49,965	\$45,975
4	\$48,225	\$60,285	\$55,470
5	\$56,475	\$70,605	\$64,965
6	\$64,725	\$80,925	\$74,460
7	\$72,975	\$91,245	\$83,955
8	\$81,225	\$101,565	\$93,450

For family units with more than eight members, add the following amount for each additional family member: \$5,500 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$6,880 for Alaska; and \$6, for Hawaii.

TRiO

STUDENT SUPPORT SERVICES

INDEPENDENT STUDENT INCOME VERIFICATION (Skip page if "Dependent" student on FAFSA)

1. Please fill out and sign steps 1-3 of the TRiO Application below to verify your income:

I (full name) _____,
declare that I am legally an independent student.

2. Please select one of the following boxes below (☐) & complete the necessary information:

☐ I did not file a tax return because my earned income was: \$ _____

The total number of people (exemptions) living in my household (including myself) is: _____.

☐ I filed a tax return.

My **taxable income (1040EZ - Line6; 1040A - Line 27; 1040 - line 43)** was: \$ _____

The total number of people (exemptions) living in my household (including myself) is: _____.

3. Please sign below:

I confirm that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____ / _____ / _____

Printed Name: _____

Thank you. Please feel free to contact the TRiO Office 707-465-2320 if you have any questions.

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Student Support Services (SSS) TRiO DSPS Verification Form

By signing this letter, I approve Disability Services and Programs for Students (DSPS) to indicate my involvement with the program for the purpose of fulfilling verification for my TRiO Application. I understand that no additional information will be provided pertaining to any specific disability, accommodation, or service.

DATE:

____ / ____ / ____

STUDENT ID:

SIGNED BY (YOUR PRINTED NAME):

SIGNATURE:

(Optional)

PHOTO/VIDEO RELEASE FORM

I hereby irrevocably consent to and authorize the use and reproduction by **Redwoods Community College District**, on behalf of **College of the Redwoods** and its agents or employees, photographs/videos taken of me for use in internal and external marketing and communication efforts by **College of the Redwoods**. Usage may include, but is not limited to: websites, social media, newspapers, radio and television broadcasts and/or in print materials. College of the Redwoods is not obligated to inform me of usage and I hereby waive any right to inspect or approve the finished photographs/videos or the content in which they appear, now or in the future - whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph/video. I hereby agree to release, defend, and hold harmless Redwoods Community College District, on behalf of College of the Redwoods and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs/videos, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print)

Date

Signature

Signature of guardian if under 18 years of age

Contact email

Contact phone