

Office Use	Date
Received:	
Accepted:	
Intake:	
Approved:	



Application for Program Services

student support services

SECTION I: Vital Statistics

Last Name	First Name	Middle or Maiden Name
Social Security #	LCC ID#	Date of Birth
Local Mailing Address (Street/Box#)	City, State, ZIP	
Permanent or Alternate Mailing Address (Street/Box#)	City, State, ZIP	
Primary Phone #	Second Phone#	Alternate Phone #
Primary Email Address	Second Email Address	
Name of someone who will always know your whereabouts	Relationship	
Mailing Address (Street/Box#)	City, State, ZIP	
Phone #	Email Address	
Major	Advisor's Name	

How did you learn about Student Support Services? _____ Would you like information concerning accommodations for students with disabilities? Y N

Sex: M F U. S. Citizen? Y N Permanent Resident
 Ethnic Group: White American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Pacific Islander Black or African American

SECTION II: Educational Background

High School or G.E.D. Site	Grad. Year	City, State, ZIP
Upward Bound Participant? <input type="checkbox"/> Y <input type="checkbox"/> N	Talent Search Participant? <input type="checkbox"/> Y <input type="checkbox"/> N	Non-trad student? <input type="checkbox"/> Y <input type="checkbox"/> N
College Grade Level: <input type="checkbox"/> 1 st Yr, Never Attended Before	<input type="checkbox"/> 1 st Yr, Attended Before	<input type="checkbox"/> 2 nd Year / Sophomore
Educational Goal: <input type="checkbox"/> Earn a degree & transfer	<input type="checkbox"/> Earn a degree only	<input type="checkbox"/> Take courses without earning a degree
<input type="checkbox"/> Transfer without earning a degree		

For this section, any adult who had **legal responsibility** for the applicant while he or she was a minor is considered a parent.

Highest Education Level of Parent 1	Highest Education Level of Parent 2
<input type="checkbox"/> Did Not Complete High School	<input type="checkbox"/> Did Not Complete High School
<input type="checkbox"/> High School Diploma/Equivalent	<input type="checkbox"/> High School Diploma/Equivalent
<input type="checkbox"/> Vo-Tech	<input type="checkbox"/> Vo-Tech
<input type="checkbox"/> Some College	<input type="checkbox"/> Some College
<input type="checkbox"/> Associate Degree (2 yrs)	<input type="checkbox"/> Associate Degree (2 yrs)
<input type="checkbox"/> Bachelor Degree (4 yrs)	<input type="checkbox"/> Bachelor Degree (4 yrs)
<input type="checkbox"/> Graduate Degree (post-bachelor)	<input type="checkbox"/> Graduate Degree (post-bachelor)

PLEASE COMPLETE THE REVERSE OF THIS APPLICATION

SECTION III: Financial Information

Have you applied for financial aid? Y N Were you awarded financial aid? Y N Don't Know
 Are you considered an independent student by the Financial Aid department? (see below for definition of "independent student")

Y (Complete Part A ONLY) N (Complete Part A&B)

You are considered an independent student if you meet ANY of the following criteria: are enrolled in a Masters program, Doctorate Degree, or graduate Certification program, regardless of your age; you have a child or children that are your legal dependent(s); are 24 years of age or older; are married; are under the age of 24 and both of your parents are deceased; were a ward of your state until you were 18 years of age; are a Veteran of the United States Armed Forces; were a foster child after the age of 13; are an emancipated child as determined by a court judge; are homeless or at risk of homelessness as determined by the director of a HUD approved homeless shelter, transitional program, or high school liaison.

Part A: Applicant's Tax Information

1. Did you file a tax return for 2010? Yes No, but I intend to file No, I was not required to file
2. How many deductions did you claim? (see line 6d for forms 1040 and 1040A) _____
3. What was your taxable income? (1040: line 43, 1040A: line 27, 1040EZ: line 6) _____
4. Are you currently employed? PT FT Not Employed If yes, where? _____

Part B: Applicant's Parents' Tax Information

1. Did you file a tax return for 2010? Yes No, but I intend to file No, I was not required to file
2. How many deductions did you claim? (see line 6d for forms 1040 and 1040A) _____
3. What was your taxable income? (1040: line 43, 1040A: line 27, 1040EZ: line 6) _____

Please provide a copy of the first two pages of your Federal Income Tax Return for 2010. Dependent students should also provide a copy of the first two pages of their parents' Federal Income Tax Return for 2010 as well. Your application IS NOT COMPLETE until we receive these documents.

<input type="checkbox"/> Applicant's Federal Income Tax Return	<input type="checkbox"/> Parents' Federal Income Tax Return
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SECTION IV: Release of Information

I hereby authorize the release and/or acquisition of appropriate educational and or personal documents and information as deemed necessary by the Student Support Services Project Director and/or Academic Advisor for official use at Labette Community College.

Student Signature

Date

EQUAL OPPORTUNITY STATEMENT

In compliance with TITLE VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, TITLE IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, and other federal laws and regulations, Labette Community College does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, disability, or status as a Veteran in any of its policies, practices or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services. **Student Support Services** is a TRIO Program funded by the United States Department of Education at a project total amount of \$310,543.00

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Eligibility	Ineligibility	Document Checklist	
<input type="checkbox"/> Income	<input type="checkbox"/> Income	<input type="checkbox"/> H.S. Transcript	<input type="checkbox"/> Student Taxes
<input type="checkbox"/> First-Generation	<input type="checkbox"/> First Generation	<input type="checkbox"/> College Transcript	<input type="checkbox"/> Parent Taxes
<input type="checkbox"/> Disability	<input type="checkbox"/> Other:	<input type="checkbox"/> Current Schedule	<input type="checkbox"/> Other
		<input type="checkbox"/> Placement Tests	