

**Feather River College**  
**TRiO / Student Support Services Application**



**(530)283-0202 EXT 221**

**OFFICE USE ONLY**

**Status of Application:**

- Accepted Date \_\_\_\_\_  
 Denied Date \_\_\_\_\_  
 Waitlist Date \_\_\_\_\_

**Eligibility:**

- First Generation/Low Income  
 Low Income only  
 First Generation only  
 Disability/Low Income  
 Disability

Director's Signature \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

**STEP 1 – PERSONAL DATA**

Please answer the following questions about yourself.

a. What is your name?

First Name Middle Initial Last Name

b. What is your mailing address?

Street Address Apt. #

City State Zip

c. What is your **home phone** number? ( ) -

d. What is your **cell phone** number ( ) -

e. **Can we text you?**  Yes  No

f. What is your personal e-mail address? @

g. What is the best way to contact you?  Email  Call  Text

h. What is your student ID number?

i. What is your birthdate? / /

j. Are you a United States citizen or a permanent resident with a Green Card?  Yes  No

k. What is your gender?  Female  Male

**STEP 2 – ETHNIC BACKGROUND**

a. Do you identify as Hispanic or Latino?  Yes  No

b. What is your ethnicity? Mark all that apply. (**Please select at least one**)

- American Indian/Alaskan Native  Native Hawaiian or Other Pacific Islander  
 Asian  White/Caucasian  
 Black or African American

**STEP 3 – PARENTS INFORMATION**

a. Highest grade **completed** by mother?  Elementary  High School  Some College  Received 4-yr degree

b. Highest grade **completed** by father?  Elementary  High School  Some College  Received 4-yr degree

c. Which parent did you regularly reside with and receive support from during your childhood (i.e.: until you were 18 years old)? (Please check only one box) .....  Both  Mother  Father  Neither

**STEP 4 – FINANCIAL INFORMATION**

Please answer the following questions about yourself.

a. Marital Status:  Single  Married  Divorced/separated # of Dependents (if applicable) \_\_\_\_\_

b. Are you receiving Financial Aid at Feather River College? .....  Yes  No

c. Do you receive the PELL Grant? .....  Yes  No

**STEP 5 – BACKGROUND INFORMATION**

Please answer the following questions about yourself.

- a. Are you married? .....  Yes  No
- b. Do you have children? .....  Yes  No
- c. Are you a U.S. Armed Forces veteran? .....  Yes  No
- d. Are you serving on active duty in the US Armed forces? .....  Yes  No
- e. Are/were you an orphan, in foster care, or a ward of the court? .....  Yes  No
- f. Are/were you an emancipated minor or did you have a court-appointed legal guardian?....  Yes  No
- g. Do you have a diagnosed disability? (Physical, learning, and/or psychological).....  Yes  No

If yes, have you registered with the DSPS Office? \_\_\_\_\_

**STEP 6 – SERVICES YOU MAY NEED (CHECK ALL THAT APPLY)**

**Tutoring:**  Math  English/writing  Sciences  History  Political Science  Business  Other \_\_\_\_\_

**Counseling/Advising:**  Academic  Transfer/admission  Financial aid  Career  Personal

**Academic Challenges:**  Study skills  Time management  Financial  Organizational skills  Stress/worrying  
 Personal/living environment issues  Lack of support network  Unclear objectives/goals

**STEP 7 – EDUCATIONAL INFORMATION**

Are you currently a high school student?  Yes  No Did you graduate from high school?  Yes  No

Last High School Attended \_\_\_\_\_ GPA \_\_\_\_\_ Did you earn a:  Diploma? or  G.E.D?

I plan to earn an **associate’s degree at FRC**:  Yes  No I plan on transferring to a **4-year** university:  Yes  No

Which four-year college(s)/universities do you intend to apply/transfer to? \_\_\_\_\_

What is your current major? \_\_\_\_\_

Please list any college(s) previously attended: \_\_\_\_\_

Please list any Degrees/Certificates you currently possess: \_\_\_\_\_

**STEP 8**

Do you participate in another a program on campus? (Check all that apply)

- Football  Volleyball  Cross Country/Track  Women’s Soccer  Men’s Soccer
- Softball  Baseball  Men’s Basketball  Women’s Basketball  Men’s Rodeo
- Women’s Rodeo  Outdoor Recreation  EOPS  CARE

**STEP 9**

Please read the following statement and then sign and date below it. If you (the student) are under 18, your parent or legal guardian must also read the following statement and then sign and date below.

By signing this application, I attest that all the information on this application is true. Moreover, I authorize the release of the student’s official academic records to the FRC TRiO/SSS program, understanding that the information in these records will be used only to assess the student’s need for program services, discern the student’s educational progress, evaluate the effectiveness of program activities, communicate with the student, and fulfill program-reporting requirements.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student’s Parent or Legal Guardian (if student is under 18)

\_\_\_\_\_  
Date