

INTAKE PACKET

**TRiO**  
**STUDENT SUPPORT SERVICES**

**WILBUR WRIGHT COLLEGE  
4300 N. NARRAGANSETT  
L 400  
CHICAGO, IL 60634  
773.481.8902**

**FEDERALLY FUNDED BY THE U.S. DEPARTMENT OF EDUCATION**

# **ALL APPLICANTS**

**PLEASE BE SURE TO BRING  
the following documents with application.**

- \* SOCIAL SECURITY CARD
- \* DRIVERS LICENSE **OR** STATE ID
- \* VOTER REGISTRATION CARD **OR** BIRTH CERTIFICATE **OR** PASSPORT
- \* LAST TAX RETURN **OR** PARENTS TAX RETURN **IF DEPENDENT**

## **IF ON FINANCIAL AID BRING**

COPY OF YOUR SARS **OR** FAFSA

## **IF ON STATE FINANCIAL AID BRING**

PUBLIC AID DOCUMENTATION  
SECTION 8 DOCUMENTATION  
SOCIAL SECURITY DOCUMENTATION

## **IF ON DISABILITY BRING**

DISABILITY DOCUMENTATION

**IF YOU ARE NOT A CITIZEN OF THE US  
BUT A LEGAL RESIDENT PLEASE BRING**

BIRTH CERTIFICATE  
GREEN CARD **OR** PASSPORT

## APPLICATION PROCESS

The purpose of this application is to determine your eligibility for the TRiO Student Support Services Program. Please return the **completed application with all requested documentation.**

## APPLICATION CHECK-LIST

### A COMPLETE APPLICATION FORM

### INCOME VERIFICATION

To determine whether you are a **DEPENDENT** or **INDEPENDENT** student, please answer the following:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Were you born <b><u>before</u></b> January 1, 1981?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you a veteran of the U.S. Armed Forces?   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you married?  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you an orphan or a ward of the court, or were you a ward of the court until age 18?                                     |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have legal dependents (other than a spouse), such as children or parents who get more than _ their support from you? |

### **DEPENDENT**

If you answered **NO to Every question.**  
Bring the following:

- 1) Parent's most recent tax return.
- 2) FAFSA Application.
- 3) Verification of family income from one  
Of the following sources:
  - \* DHS/Food Stamp verification letter
  - \* Social Security verification
  - \* Employer income statement (W-2)

### **INDEPENDENT**

IF you answered **YES to ANY**  
questions bring in the following:

- 1) Your most recent tax return
- 2) FAFSA Application
- 3) Verification of family income  
of the following sources:
  - \* DHS/Food Stamp verification letter
  - \* Social Security verification
  - \* Employer income statement (W-2)

### DISABILITY DOCUMENTATION

Disability documentation from your own files or the Special Needs Office.  
Individualized Education Program (IEP Packet).

Please return documentation to:

TRiO Student Support Services  
Room L-400  
9:00 a.m. to 5:00p.m  
Monday –Friday  
773.481.8902

## ACADEMIC NEEDS ASSESSMENT

### EDUCATIONAL MOTIVATION

(Please circle true or false for the following statements).

- T or F 1.) I know how to take good notes in class.
- T or F 2.) I expect to spend 2 hours studying for every hour I am in class during the week.
- T or F 3.) I study in the library on a regular basis.
- T or F 4.) I study at home.
- T or F 5.) I must have quiet when I study.
- T or F 6.) I read my text books.
- T or F 7.) I prepare for class ahead of time.
- T or F 8.) I read over my notes after class.
- T or F 9.) I finish assignments on time.
- T or F 10.) I finish exams in the time given.
- T or F 11.) I have set a goal to do well in college.
- T or F 12.) I accept responsibility for doing well in college.
- T or F 13.) It is up to my instructor whether or not I will learn in class.
- T or F 14.) Good grades are a matter of luck and timing.
- T or F 15.) When a subject is difficult for me I study the easy parts.
- T or F 16.) I frequently wonder if school is really worthwhile for me.

### ACADEMIC CONCERNS

(Please mark the box next to the statements that express how you feel).

- I have difficulty concentrating.
- I have trouble reading college level textbooks.
- I have trouble taking notes from lectures.
- I would like to improve my grammar.
- I am uncomfortable asking questions in class.
- I learn best by actually doing something.
- I learn best by watching something being done.
- I am able to research and organize a term paper.
- I have difficulty writing papers.
- I know when it is time to get help in class.
- I am uncomfortable asking for tutorial/assistance.
- I usually get someone to help me with my classes.
- I understand what I read.
- I would like to increase my vocabulary.
- I have math anxiety.
- I have test anxiety.
- I use a calendar to keep track of when my exams and quizzes are to be given.
- I read my syllabus before each class.

# CONTRACT

## Please read carefully

I would like to apply for admittance to the Student Support Services Program at Wilbur Wright College. I understand that I will be assigned both a counselor and a peer counselor. I will also have use of the Academic Drop-In Center and Computer lab. I understand that I may also receive tutoring, counseling, academic pre-advising, and peer support.

I am aware that I am required to complete basic skills evaluations and that I might fill out needed reports and schedules each semester to ensure that my file remains current and to determine the nature of the services that I need. I understand that I will be required to submit mid-semester reports in each class that I am enrolled in while a Student Support Services participant.

I agree to meet with my peer counselors at least once a month for a progress report and to meet with my counselor a minimum of twice during the semester. If I am on academic probation, I agree to have contact with the program on a bi-weekly basis in order to develop a plan to improve my academic standing. **I also agree to participate in 15 tutoring/group study hours, 2 workshops and 1 college visit per semester.** I understand that failure to adhere to this agreement may result in my removal of the program and its services.

Check all that apply to you

- I am a first-generation college student [neither parent graduated with a bachelor's degree].
- I meet the income guidelines for this program.
- I have a disability that requires special accommodations.

I, \_\_\_\_\_ authorize Student Support Services to gather information concerning my academic progress (standardized test scores, grade point average, earned credits, transcripts) and financial aid status prior to my participation in SSS. I understand that this information is used to assist in determination of my eligibility and it will be strictly confidential. I grant permission for SSS to gather information for follow-up whenever appropriate, including transfer and progress at a 4-year institution. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I am also aware that the personal information that is provided to the Student Support Services Program will be protected under the Family Education Rights Privacy Act of 1974. No one will have access to the information unless they work with or for the SSS Program, or are specifically authorized by the student to see the information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## STUDENT APPLICATION

To determine eligibility, please complete this form. The information you provide is strictly confidential. This information is required because this is a federally funded program and students who wish to participate must meet certain requirements.

**PLEASE PRINT CLEARLY**

**Student ID #** \_\_\_\_\_

**Social Security #** \_\_\_\_\_  Male  Female DOB \_\_\_/\_\_\_/\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Drivers License # \_\_\_\_\_ St issued \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**ETHNIC IDENTITY:**

- |   |   |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American        |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Other                  |

Place of Birth \_\_\_\_\_

YES, I am a US citizen

NO, I am not a US citizen, but I am an eligible non-citizen. A \_\_\_\_\_

Are you a Veteran?  Yes  No

Are you receiving Veteran's Benefits?  Yes  No

**MARITAL STATUS**

Single  Married  Divorced  Widowed

**If SINGLE, please complete:**

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

City/St \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**I. ELIGIBILITY CRITERIA**

**INCOME DATA TO DETERMINE LOW-INCOME ELIGIBILITY**

Annual Family income \_\_\_\_\_ Household size \_\_\_\_\_  Verified by tax returns

Have you applied for financial aid?

YES, I have financial aid documentation.

NO-To be eligible for program service as a low-income student, you will be requested to complete a financial aid form or provide financial information to determine eligibility.

**II. FAMILY BACKGROUND TO DETERMINE FIRST GENERATION ELIGIBILITY:**

Do/Did the parent(s) (natural or adoptive) you live/ed with receive a degree form a 4-year college or University?

Father  YES  NO

Mother  YES  NO

**III. DISABILITY VERIFICATION**

Do you have a documented disability?  YES  NO

Have you been diagnosed as having a learning disability?  YES  NO

Do you require adaptive assistance in order to complete your college courses?  YES  NO

If yes, please describe \_\_\_\_\_

**IV. EDUCATIONAL INFORMATION**

1) Are you a new participant to the Student Support Services Program?

YES  NO/Continuing

Prior year participant (still enrolled)  Prior year participant (no longer enrolled)

2) Current academic enrollment status:

Full time  \_ Time  \_ Time  Less that \_ Time  Not enrolled

3) College Grade Level:

- First year, never attended  First year, attended before  Second year
- Freshman (0-30cr/hrs)
- Sophomore (31-60 cr/hr)
- Junior (61-90 cr/hr)
- Senior (91-120 cr/hr)

4) Major \_\_\_\_\_

5) Have you completed a (n):

Associate Degree  Bachelors degree  Masters Degree

Certificate Program Type \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_

6) Are you attending another college?  YES  NO

Where \_\_\_\_\_

7) Are you planning on transferring?  YES  NO

When \_\_\_\_\_ Where \_\_\_\_\_

8) Have you completed an ESL Program?  YES  NO

When \_\_\_\_\_ Where \_\_\_\_\_

9) Are you a High School graduate:  Yes  No

Graduation YEAR: \_\_\_\_\_

10) If No, do you have a GED?  Yes  No

Year Completed: \_\_\_\_\_

11) What is the **HIGHEST** grade you completed? \_\_\_\_\_

12) What YEAR did you **LAST** attend school? \_\_\_\_\_

What is the date you **FIRST** enrolled a Wright College? (mm/dd/yy) \_\_\_\_\_

Is this your First college experience?  Yes  No

If No, what other college(s) have you attended? \_\_\_\_\_

How many credits are you taking **THIS** quarter? \_\_\_\_\_

How many quarters have you completed? \_\_\_\_\_

## EDUCATIONAL GOALS

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

What are your educational goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## What degree are you seeking here at Wright College?

Associate Degree (2 year degree or program)

Certificate (less than 2 years)

Do you plan to transfer to a **FOUR-YEAR** College or University?  Yes  No

Expected Transfer of Graduation date: (mm/dd/yy) \_\_\_\_\_

Intended Transfer Institution: \_\_\_\_\_

**PROGRAM ELIGIBILITY**

What is your current Tax Filing Status? (2006 Taxes)

**Dependent** or  **Independent**

**Family Income:** (Please circle one)

- |                       |                      |                      |
|-----------------------|----------------------|----------------------|
| A. Less than \$2,999  | G. \$18,000 – 20,999 | M. \$42,000 -47,999  |
| B. \$3,000 – 5,999    | H. \$21,000 – 23,999 | N. \$48,000 – 53,999 |
| C. \$6,000 – 8,999    | I. \$24,000 – 26,999 | O. \$54,000 – 59,000 |
| D. \$9,000 – 11,999   | J. \$27,000 – 29,999 | P. \$60,000 or more  |
| E. \$12,000 – 14,999  | K. \$30,000 - 35,999 | Q. Not indicated     |
| F. \$ 15,000 – 17,999 | L. \$36,000 – 41,999 |                      |

Are you receiving Federal Financial Aid?  Yes  No

If yes, please circle:

Type (s) of Aid: Pell Grant  
Federal Work Study  
Scholarship

Are you a First-Generation college student? (neither parent nor guardian(s) has completed a four-year college degree)?  Yes  No

Do you have a documented learning disability?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you have a documented physical disability?  Yes  No

If yes, please describe: \_\_\_\_\_

If you answered yes to either question above, are you working with a Wright College disabilities specialist?

Yes  No Please explain:

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## SUPPORT NEEDS

How can the **TRiO** Student Support Services Program best support your educational goals?

- Academic Advising
- Cultural Activities
- Tutoring
- Study Skills
- Advocacy
- ESL Services

- Mentoring
- Transfer Advising
- Career Development/Advising
- Financial Aid Advising
- Personal Development/ Support
- Other \_\_\_\_\_

How did you find out about the **TRiO Student Support Services Program**?

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## AFFIDAVIT OF TRUTH STATEMENT

The information provided on this form is, to the best of my knowledge, accurate and true.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Educational Planner

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRST GENERATION CERTIFICATION FORM**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PARENT INFORMATION**

**Mother**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle the appropriate grade level

Education Level:

High School: 9 10 11 12

If you attended College, What institution did you attend?

College: 13 14 15 16

\_\_\_\_\_

I \_\_\_\_\_ certify, that only I attended the above grade level.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle the appropriate grade level

Education Level:

High School: 9 10 11 12

If you attended College, What institution did you attend?

College: 13 14 15 16

\_\_\_\_\_

I \_\_\_\_\_ certify, that only I attended the above grade level.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ certify that the information given is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: An advisor from the TRIO program will call to verify a parent signature.**

# STUDENTS WITH DISABILITIES

## PLEASE COMPLETE

Name \_\_\_\_\_

Student Id # \_\_\_\_\_

The above named, in consultation with Student Support Services staff, request the following accommodations for the \_\_\_\_\_ semester \_\_\_\_\_ year. Requests for appropriate accommodations are based upon disability documentation provided by the appropriate professional (physician, psychologist, psychologist, psychiatrist, etc.) The documentation will list the disability in addition to any functional limitations caused by the disability or its treatments.

### **Check only the accommodations needed for the current semester.**

- 1. Taped Notebooks
- 2. Books from recording for the Blind and Dyslexic RFB# \_\_\_\_\_
- 3. Printed materials on audiocassette
- 4. Printed materials in large print
- 5. Tape recorded lectures
- 6. Oral explanation of board/overhead materials
- 7. Braille materials
- 8. Orientation and Mobility
- 9. Interpreters \_\_\_\_\_ ESL \_\_\_\_\_ Sign Language
- 10. Use of Auditory Trainer
- 11. Instructor Accommodation Letter
- 12. Extended time for exams \_\_\_\_\_ Time and one half \_\_\_\_\_ Double Time
- 13. Distraction—limited testing room
- 14. Reader for testing service
- 15. Scribe for testing service
- 16. Spell—Checker
- 17. Special seating
- 18. Special desk

- 19. Change classroom location
- 20. TDD Assistance
- 21. Adaptive equipment
- 22. Training on adaptive equipment
- 23. Lab assistant—Class/Section \_\_\_\_\_ / \_\_\_\_\_
- 24. Note taker Class/Section
  - a. \_\_\_\_\_ / \_\_\_\_\_
  - b. \_\_\_\_\_ / \_\_\_\_\_
- 25. Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSS Staff Signature

\_\_\_\_\_  
Date

<p><b>OFFICE USE ONLY:</b></p> <p>IPA Taken by _____</p> <p>Date recorded _____</p>
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## ELIGIBILITY CRITERIA

### **TRiO STUDENT SUPPORT SERVICES ELIGIBILITY CRITERIA FORM COMPLETED BY PROGRAM DIRECTOR:**

Date: \_\_\_\_\_

Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle \_\_\_\_\_

First Generation/Low Income

Documented Disability/Low Income

First Generation Only

Low Income Only

Documented Disability Only

The student is determined INELIGIBLE because of \_\_\_\_\_

Referred To: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_