



TRIO Student Support Services (SSS) Participant Application  
Hinds Community College (HCC), Utica Campus **REVISED 8/2019**

**Indicate Semester for Application Consideration:** Fall \_\_\_\_ or Spring \_\_\_\_

Last, First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Parent(s) Contact Number: \_\_\_\_\_

Applicant's Personal Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO City/State Zip Code

Permanent Address: \_\_\_\_\_  
Street/PO City/State Zip Code

Gender:  Male  Female Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_  
MM/DD/YYYY

**Are you a U.S. Citizen or Eligible Non-Resident?**  Yes  No

(Documentation Required for Eligible Non-Resident)

**Please check appropriate ethnicity/race.**  Black/African American  White/Caucasian  
 Hispanic  Other: \_\_\_\_\_

**Are you disabled?**  Yes  No (If yes, Disability Documentation Required)

**Are you registered with HCC Student Disability Services?**  Yes  No

**Has your mother received a bachelor's degree?**  Yes  No

**Has your father received a bachelor's degree?**  Yes  No

**Do you have current FAFSA on file?**  Yes  No

**Are you receiving any of the following:**  Pell Grant  Scholarships  Student Loans  
 Other: \_\_\_\_\_

**Do you receive funding from any of the following sources?**

TANF  Food Stamps  SS/SSI  Other: \_\_\_\_\_

**Please Complete the Statement of Taxable Income:**

**Dependency Status:**  Dependent  Independent

<b>Initial to identify</b>	<b>Size of Family</b>	<b>48 Contiguous States, D.C., &amp; Outlying Jurisdictions</b>	<b>1. Initial in the box on the correct row to identify your</b>
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34175 Highway 18  
P.O. Box 1055  
Utica, MS 39175

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Fax Number: 601.885.7186



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salary range		(Use most recent tax income documentation)	salary range.
	1	Taxable income between \$0 and \$18,735	2. <b>Circle the correct number</b> to identify your family size. <b>NOTE:</b> Use the taxable income found on line 27 of the 1040A; line 6 of the 1040EZ; or line 43 of the 1040 to provide information for the chart.  <i>*If no rows correspond with your family size &amp; taxable income initial the last line.</i>
	2	Taxable income between \$0 and \$25,365	
	3	Taxable income between \$0 and \$31,995	
	4	Taxable income between \$0 and \$38,625	
	5	Taxable income between \$0 and \$45,255	
	6	Taxable income between \$0 and \$51,885	
	7	Taxable income between \$0 and \$58,515	
	8	Taxable income between \$0 and \$65,145	
	Any	The taxable income for my family size does not meet the requirement for low income.	

**Non-Filers:** Write the estimated taxable income below and family size. If zero, write "0". Do not write N/A.

•Size of Family/Household \_\_\_\_\_ •Report the estimated/actual taxable income: \_\_\_\_\_

**Income Statement Certification**

By completing this form, which will serve as a statement of income, you are certifying that the information submitted regarding the family size and taxable income is true to the best of your knowledge.

\_\_\_\_\_  
 Printed Name Signature/Date

**Graduated:** \_\_\_\_\_ **GED:** \_\_\_\_\_

High School City/State/Zip Code

**Have you been out of the academic setting for 5 or more years?**  Yes  No

**Are you classified as a non-traditional student?**  Yes  No

**Do any of the following scenarios describe you?**

- Need assistance w/English as a Second Language
- Homeless
- Previously Incarcerated
- Active Duty member of the military or a veteran

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<p><b>Do you intend to graduate from HCC with an Associate's Degree or Certificate?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Undecided</p> <p><b>Do you intend to transfer before or after graduation from Hinds Community College?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Undecided</p> <p><b>College Classification:</b> <input type="checkbox"/> Freshman (0-26 earned credit hours) <input type="checkbox"/> Sophomore (27+ earned credit hours) <input type="checkbox"/> Transfer Freshman <input type="checkbox"/> Transfer Sophomore <input type="checkbox"/> Unknown</p>	<p><b>Have you previously attended another college?</b> <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, how many hours have you earned? ____ <b>Have you previously attended HCC?</b> ____ If yes, what was your most recent GPA? ____</p> <p><b>Prospective Major:</b> _____</p> <p><b>Degree Seeking:</b> _____</p>
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**Have you previously participated in a TRIO Program? If yes, please specify.**

- Upward Bound
- Educational Opportunity Center
- Educational Talent Search
- Other: \_\_\_\_\_

**How many cultural events have you attended in the past year?**

- 0-2       3-5       6-10

**Please specify areas of need by placing a check in as many boxes that apply.**

- Math
- Writing
- Reading
- Computer/Research Skills
- Test-Taking Skills
- Note-Taking Skills
- Motivation
- Self-Esteem
- Goal Setting
- Time Management
- Getting Organized
- Budget/Finances

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- |  |  |
|--|--|
| <input type="checkbox"/> Tutoring                | <input type="checkbox"/> Budget/Finances |
| <input type="checkbox"/> Choosing a Major/Career | <input type="checkbox"/> Financial Aid   |

Other areas of need: \_\_\_\_\_

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