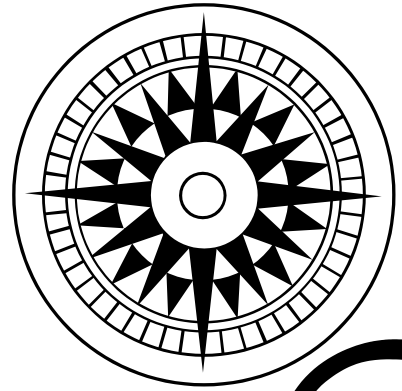
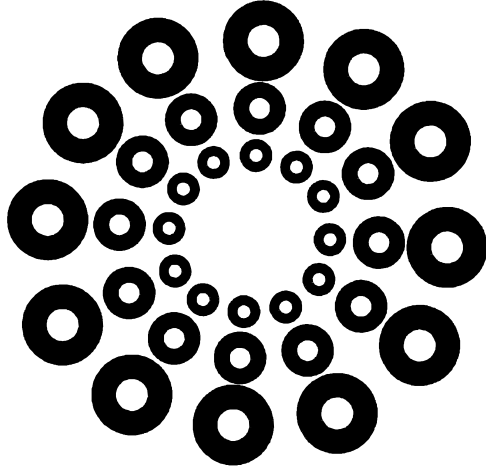
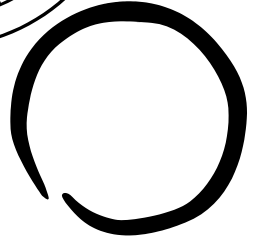


Study Skills



Cultural Enrichment



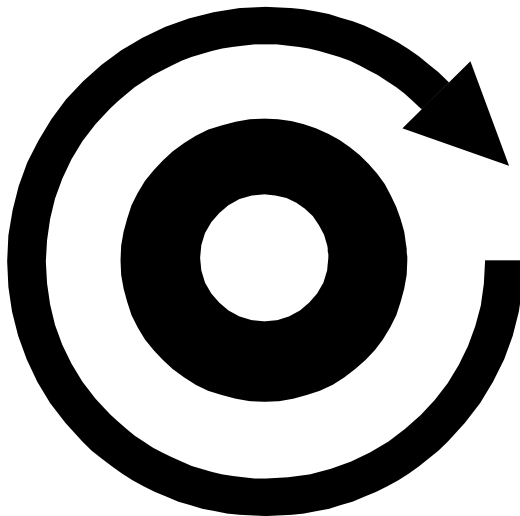
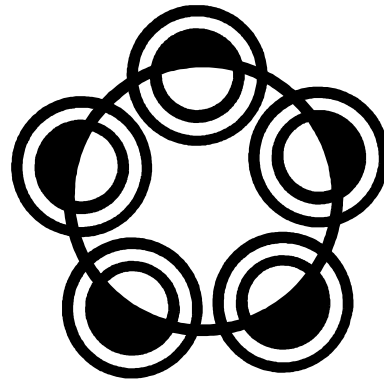
Transfer Assistance

Financial Aid Coordination

TRiO

STUDENT SUPPORT SERVICES

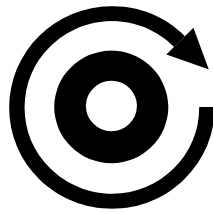
Individual Tutoring



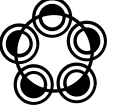
Peer Mentoring

Academic Advising

Funded by the U. S. Department of Education



Last Name: _____ First Name: _____
 ID #: _____ DOB: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Male Female



Eastfield Degree Plan on File: _____ Major: _____

Plan to Transfer to a 4 Year University? Yes No If yes, where? _____

Ethnicity: African American Hispanic Pacific Islander Other
 American Indian Asian Caucasian

Citizenship Status: U S Citizen Resident Alien A#: _____

Estimated Family Income (check one) # Persons, including yourself, in the household _____

\$0-\$16,335 \$22,066-\$27,795 \$33,526-\$39,255 \$44,986-\$50,715 over \$56,446

\$16,336-\$22,065 \$27,796-\$33,525 \$39,256-\$44,985 \$50,716-\$56,445

Currently Receiving Financial Aid? Yes No

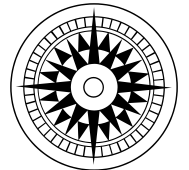
Did either of your parents receive a Bachelor's degree? Yes No

Do you have a documented physical, mental or learning disability? Yes No

If yes, please describe: _____ Documentation will be required.

Rising Star Talent Search Upward Bound DARS

Other Trio/SSS program Where? _____



I certify the above information is correct to the best of my knowledge. I release the following information to Student Support Services: transcripts, test scores, progress reports, income, diagnostic data, and other information from my records pertaining to program certification and support.

Student Signature: _____ Date: _____

OFFICE USE ONLY

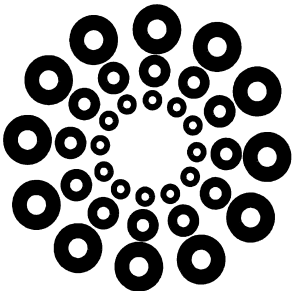
Current Hours _____
 GPA _____
 TSI Status _____
 Academic Deficiencies _____
 Degree of Financial Need _____
 Extent of Disabling Condition _____
 Academic Goals _____
 Ethnicity Representation _____

Weighted Decision Matrix

 Total Points
 1 - 5 5X _____ = _____
 1 - 5 4X _____ = _____
 1 - 5 3X _____ = _____
 1 - 5 2X _____ = _____
 1 - 5 1X _____ = _____

Eligibility:

D _____
 DLI _____
 FG _____
 FGLI _____
 LI _____



Eligible: _____ Not Eligible: _____ Screened by: _____ Date: _____

Trio/SSS Advisor: _____ Project Entry Date: _____ Cohort: _____

First School Enrollment Date: _____ Entry College Grade Level: _____
 Freshman, attended prior _____ Freshman _____