Administration, Room 127
3000 West Scenic Drive
North Little Rock, AR 72118
Phone: 501.812.2720
Fax: 501.812.2703

TRiO
STUDENT SUPPORT SERVICES

APPLICATION

LI FG DS NQ

The following information is requested to determine your eligibility to participate in the TRiO Student Support Services program at Pulaski Technical College, a federally funded program designed to help you succeed in college. All information is confidential and will be released only to authorized personnel. Student Support Services staff will contact you with more information about the program if you are eligible to participate in it. Completing this form does not commit you to participate in the program.

PLEASE PRINT CLEARLY

Full Name _____

Student ID# _____ SS# _____

Address _____

City _____ Zip Code _____ Student email _____

Home Phone _____ Cell Phone _____

Birthday ____/____/____ Sex (Circle M or F) US Citizen (Circle Y or N)

If you are not a US Citizen, what is your residency status? _____

RACE

_____ American Indian
_____ Asian
_____ Black/African American
_____ Caucasian/White
_____ Hawaiian/Pacific
_____ Hispanic/Latino
_____ Other

When was or will be your first semester at PTC? _____

Please circle your academic goals Certificate Associate Transfer

Do you have a documented disability? (Circle Y or N)

Did your mother graduate from college with a Bachelor's Degree? (Circle YES or NO)

Did your father graduate from college with a Bachelor's Degree? (Circle YES or NO)

Family income (As reported on most tax return forms) _____

Number of people in household/on tax return _____

My signature below gives full permission to the TRiO Student Support Services program at Pulaski Technical College to review my financial and academic records including, but not limited to, my FAFSA application, test scores and transcripts. This information will be used to determine my eligibility to participate in Student Support Services. The program may also access pertinent records related to my attendance/graduation at another university as may be required for federal reporting purposes.

_____ ____/____/____
Student Signature **Date**

No person is excluded from participation or denied benefits or programs and opportunities on the basis of race, color, creed, sex, handicap, religion, ancestry or national origin.

Revised 08/11_DJ